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*vol. 4, no. 3*

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## POINT OF VIEW

### What Makes the Young So 'Beat' and Angry?

THE Beat Generation, the Angry Young Men and all the other wearers of bromidic labels of discontent and protest must be classified as extreme examples rather than representative specimens of the contemporary social system's impress upon youth. Yet these peaks on the fever chart need to be assayed, together with the less blatant symptoms, in any search for an over-all prognosis for the society of tomorrow. It is reasonable, moreover, to assume that the complaints proclaimed by an especially articulate and thereby conspicuous segment of youth are shared or re-echoed by a considerable following of others. Any rebellion is a significant expression of a fundamental malaise, and of less explicit factors as well, so we should try to comprehend the import of this insurgency.

At the outset one must confess a bridling impatience with a group that, though still on the threshold of life, labels itself with the epithet "beat." In a confusion of jive lingo, hyperbole and fractured semantics, the term may not be fully equivalent to "beaten," but that is the main impression it conveys. The tag therefore suggests the defeatist bleating of runts in a herd, who tacitly acknowledge their inferiority by surrendering to an oligarchy of the more stalwart. The despairing gesture implies a craven concession of vanquishment before the battle is joined, a weakling's resort to submission without a struggle. It belies the birthright of a virile, dynamic youth and smacks of sickly stupor, making a travesty of the historic antecedents that have erected, by competitive travail, the mansion of advantage and opportunity in which virtually all of the young today find themselves.

To question the foggy label further, it obviously cannot be applied justly to an entire generation. To do so would libel millions

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of earnest young men and women who are making an honest effort to contribute to the sum of human welfare by finding a useful niche in the world. Surely it is no more than a noisy, bizarre minority cult that thus resigns itself to a torpor of hedonistic do-nothingism, a sulk of masochistic self-pity. Isn't it, after all, a passive form of delinquency, a parasitic substitute for earning one's way?

The Angry Young Men deserve more consideration. At least their indictment of an environment in which they feel frustrated represents a positive effort toward constructive criticism. Living in a world they never made, as they like to put it, they protest political forms, economic strictures and perpetuation of established privileges as part of a too rigid matrix that prevents the free expression of their aspirations. In large part they effervesce in a spirit of rebellion soundly founded on a respected tradition. Yet one feels that their cause is blemished by an element of peevish carping that borders on impatience or despair. Here again the best answer to such complaints is the course adopted by the great body of youth that, while deploring the shortcomings of our social system, recognize that its inequities must be patiently hammered out on the anvil of democratic give-and-take.

Winston Churchill thus illumined the factor of triumph over difficulty that characterized the emergence of his ancestor Marlborough: "The stern compression of circumstances, the twinges of adversity, the spur of slights and taunts in early years are needed to evoke that ruthless fixity of purpose and tenacious mother-wit without which great actions are seldom accomplished."

His words might serve as an admonitory text for the increasing tendency among young people nowadays to expect lives without hardship and rewards with scant effort. For it would seem that a missing ingredient in embryonic careers today is some stimulating equivalent of those challenging obstacles that have proverbially spurred men to accomplishment. No one would wish to relegate worthy youth to the regimen of straitened circumstances and adversity that was once more common than it is now. But the question becomes more and more insistent: In making the perquisites of an enlightened age, including extended education, more easily available to a majority of adolescents, have we not diluted the qualities that should make those privileges more satisfying and effective?

Under the liberal democratic system to which we subscribe, all protest and criticism, however shrill and captious, should be answered.

The value of legitimate rebellion in calling attention to injustices is implicit in our way of life. Even the flamboyant cults that spring up from time to time can be useful in indicating areas for social remedy. To mention only some of these, if more were done to infuse all education with irresistible inspiration and enlightenment, and if personal relations in business and industry were geared more persuasively to the integrity and aspirations of the individual, much could be done to combat the stagnation and disillusion that beset so many young people who fail to become engaged with a challenging sense of mission. What we have done, and need to do still further, in mobilizing an understanding of delinquency in the crime category we can and should do with regard to delinquency in the matter of living a full and effective life.

### The Mystical Fads and Their Meaning

THE growing vogue of mystic fads and cults, with its proliferation of popular interest in esoteric exploration of the human spirit, raises some provocative questions as to the promptings and associations of this resurgence of man's atavistic preoccupation with the mysteries of his inner self. In degrees ranging from conversational gambits to serious immersion in the abracadabra of the occult and the supernatural, a considerable segment of public fancy has been drawn into these abstruse realms. Hypnotism (partly as an offshoot of its revival in therapy), extra-sensory perception, Yoga, Buddhism and other arcane ventures—this metaphysical zone evidently will captivate public attention more and more for some time to come. Part of this trend may be regarded as frivolous dalliance with modish topics, but there is also a recognizable core of earnest engagement. To the extent that it signifies a response to fundamental needs, it constitutes an implicit commentary on the temper of our time.

Man has always reached out for something beyond himself. Mythology, superstition, witchcraft, magic, the evolution of religions, the attribution of mysterious portents to animate and inanimate agents

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and the gradual discovery of human and natural processes—such elements in the progressive experience of mankind are embedded in the strata of time, with a potential dynamism that may be awakened from dormancy by any appropriate stimulus. Even the most earth-bound of men are susceptible to intervals of mystical experience and to vagaries of motivating superstitions. Everyone has this capacity to transcend the merely mundane with flights of fancy into the mists of the unknown. Indeed, life itself has been described as a less inconsistent dream.

From the common daydream to psychotic forms of escapism, withdrawal from reality is a familiar natural process connected with the mechanism of renewal. Its most marked tendency appears to be nostalgic, carrying the mind back to the associations of pleasanter times, to the childhood home and to mother, the symbol of the initial security of the womb. When one is weary, uncertain, disillusioned or frustrated, the impulse is to go back to a time remembered as less onerous. The mystic trend, therefore, would seem to indicate an element of acute discontent with present conditions and circumstances, a yearning to escape, even momentarily, from a world of burdensome travail and distressing conflict.

Especially significant is the appeal that arcane systems of thought appear to be exerting upon young people. Zen Buddhism, for example, has become a vaunted ingredient in the credo of an element of the so-called Beat Generation. This vogue for a doctrine aiming to reconcile humanism with mysticism is perhaps traceable to the effects of many servicemen's immersion in Japanese life. Similarly, the adoption of Yoga would seem to reflect the influence of India's prominent vein of mysticism. Its technique for withdrawal of the physical senses from contact with reality—a form of escape—must bespeak for its devotees some degree of rejection of today's world. Such a gesture can hardly be regarded as healthy in a practical environment; but what is more pertinent is the state of world affairs that makes this withdrawal seem desirable.

The wave of mysticism suggests a parallel with the popularity of Existentialism that prevailed, especially among the young, in Europe after the war. There, too, the gesture was one of withdrawal, of neutralist noninvolvement in a political and economic system execrated as unworthy of devotion. But it is a philosophy less mystical, tending more to aimless drift in such enjoyment of sensual life as

opportunity affords. The key to the difference between the reactions of the two worlds evidently is to be found in the separate antecedents and experience of European and American youth.

Chemical means of withdrawal from reality have been introduced to mild popularity by Aldous Huxley and others. By dosage with mescaline, lysergic acid and other drugs, the demonstrators of this method have described experiences of multi-dimensional perception for a mind mechanically transported beyond the normal. These experiments, of course, partake more of novel mystical adventure than of escapism, but the interest they arouse puts additional emphasis on the growing craze for contemplation of the recondite.

From a superficial standpoint, popular interest in the byroads of mysticism is hardly a cause for alarm. At least it is a positive interest in an abstruse and complex field that calls for intelligence and comprehension. It might be said to be preferable to, say, transports of hypochondria or to bebop fanaticism. Yet its high content of escapism and its concern with the extra-mundane levels of existence should prompt an earnest and anxious question as to what makes the world of reality so valueness that young people are willing and even eager to break off their involvement in it.

### The Cost of Mental Illness

THE open question of the cost of mental illness comes closer to clarity with an authoritative estimate that it exceeds \$3,000,000,000 a year in the United States. The calculation is made by Dr. Jack R. Ewalt, director of the Joint Commission on Mental Illness and Health, on the basis of data assembled by Dr. Rashi Fein, Associate Professor of Economics at the University of North Carolina. Dr. Fein's study, *Economics of Mental Illness*, has just been published as part of a comprehensive project sponsored by the Joint Commission, a group of thirty-seven voluntary and government agencies making a three-year study of mental health.

The direct cost of mental illness is computed at \$1,700,000,000 a year. This includes public and private expenditures for the care

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of the mentally ill and spending for research, as well as \$100,000,000 reckoned to be the minimum cost of private psychiatric care. The indirect cost is put at \$728,000,000, this being the value of 325,000 labor-force years believed lost annually by the patients in state, county and psychopathic hospitals. Direct and indirect costs thus amount to \$2,400,000,000. But this does not include private medical expense other than for psychiatric care, or other categories of burden that cannot be estimated. Thus it is calculated that \$3,000,000,000 is a conservative minimum over-all figure.

When it is recalled that the cost of crime in the United States is placed at \$20,000,000,000 a year and that the incalculable cost of alcoholism includes \$1,000,000,000 a year lost to business and industry from absenteeism and labor turnover alone, some idea emerges of the dollars-and-cents value of programs of social therapy designed to reduce the material as well as the intangible burdens of the pathologies generally comprehended as nonsomatic. Of course, we have ceased to be awed by figures in the billions; we spend \$5,700,000,000 a year on tobacco and close to \$9,500,000,000 on alcohol, a total that exceeds the \$12,000,000,000 costs of medical care. If only a part of this human and economic wastage and casual profligacy were dammed off and the money it represents sluiced into channels of long-range scientific remedy, think of the wonders that could be accomplished!

The beginning of a break-through in the battle against mental illness is already observable. Improvement and better organization of institutional care, the benefits of new pharmaceutical therapies, advances in techniques of prevention and control and a better public understanding of the problem have at least tightened society's grip on this appalling challenge. To an extent undreamed of only a few years ago, a promise is emerging that a considerable percentage of mental illness may be prevented or more easily remedied in the foreseeable future. Since it is considered that at least 10% of people living in big American cities suffer from one or more relatively well-defined mental disorders, the therapeutic progress already achieved or foreshadowed constitutes an epochal achievement.

The Joint Commission on Mental Illness and Health expects to issue next year its findings and recommendations for a national program based upon its comprehensive series of studies. In the present progressive position of the field of psychiatric therapy, its manifesto should have a wide and effective impact.

## PSYCHOSOMATIC FACTORS

### IN BEHAVIOR DISTURBANCES

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**T**HOUGH children's misbehavior may be gravely destructive and is much more apt to be acted out than in adult life, the very fact that the child is still growing in all of his major personality areas blocks any clear diagnostic nosology. Thus, character disorders can hardly be diagnosed as such because continuing personality growth may bring about eventual evidence of stronger ego structure than childhood character traits might suggest. In keeping with this concept, one must differentiate between delinquency, in all of its forms, and crime, which is generally applicable to the adult offender only.

In the simplest definition, delinquency is referred to as misbehavior in a person not yet old enough to be considered legally responsible for his acts. In our culture, there is a tendency to designate the age of responsibility for telling the difference between right and wrong as 14 or possibly 16 years. Delinquency, further, is erroneously referred to as a clinical entity, instead of as a group of related symptoms which may have varying, complicated causes, determining and precipitating. It is safe to say that there is no specific clinical entity, even where there is agreement on specific causation. Thus, for example, the relatively high incidence of "post-encephalitic behavior disorders," following the great influenza epidemic of 1918-19, was accompanied by a wide variety of symptom complexes, and the organic pathology could not be separated from the intrapsychic and social elements involved in the major behavior disorders.

In this paper, reference is made to the psychopathological factors



encountered in child psychiatry, other than those directly stemming from suspected or proved encephalopathy. There is no escape from reference to organic nervous system participation in any reference to behavior, of course, so that indirect reference to this factor is necessarily included. Not only illness, but temperament and so-called "normal" differences between types of children and their given sexes, are given clinical attention.

### CASE MATERIAL

To make the study currently meaningful, it was decided to draw material from the Cuyahoga County Juvenile Court files for 1956-57. Fifty cases were drawn at random, equally among the sexes, with reference to the physical findings and opinions offered by the examining pediatrician at the court. In only six was there evidence of physical findings which might have meaningful causal significance.

In one girl of 15 there was a history of rheumatic fever at 10, with hospitalization for a period of six months, with evidence of borderline nutrition and reference to restricted physical activity. The girl was considered to be withholding, suspicious and repressed, without any psychiatric reference to the physical factor as relating to this personality disorder.

In the second case, a 16-year-old boy of superior intelligence had been brought to the court because of weak inner defenses against very strong sexual impulsivity. He had a professional tattoo of his initials on his forearm, as a shallow effort to show himself to be "manly." This factor was considered to be quite superficial in his delinquency. The third case was that of a 14-year-old boy who had shown "sexual curiosity with young girls." He was an orally aggressive boy who felt distressed over his "pigeon-breast" because it made him feel "not fully developed."

He was one of only four children who might well have had some psychosomatic influence on his acting-out behavior. The second was a 17-year-old boy with a shortened, atrophied left arm and shoulder, which had followed poliomyelitis. He had refused gym excuses because he wanted desperately to cover up his castration anxiety. However, the basic personality pattern was repressive and hysterical and the difficulty appeared primarily to be related to this personality shortcoming and the markedly overprotective home situation. The third, a boy of 16,

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who had first appeared at court at 11 years of age because of a runaway, had a successful Torek operation in 1952 for a right cryptorchidism. The major force in his trouble related to his mother's frank homosexuality, it was thought; his repeated auto stealing could have been a compensatory reaction to his doubts about masculine adequacy, of course. The fourth, a 15-year-old girl, was markedly obese and had overt epilepsy from the age of 10. In her case, however, her deeply disturbed, suspicious nature appeared to accompany signs of a schizophrenic process, without any clear dynamic influences from the medical disability.

It is fair to conclude that the incidence and significance of the physical factor as a primary cause in these fifty cases need not be considered in a major light.

*In thirty psychiatric formulations* which were reviewed it was assumed that the psychiatrist had evaluated the organic history and findings before sending his official report to the court. In this group, only eight were mentioned as having some more or less non-specific physical findings, possibly related to the delinquency. In one set of identical twin boys, severe headaches and abnormal EEGs were found. Their father had died of a brain tumor. In another, there was an encephalopathy complicating an infantile febrile illness which had produced fainting spells which had no apparent causal influence on the behavior. Other examples included nasal obstruction and blemished features in an adolescent, a chronic brain syndrome which had been subjected to repeated surgery for a brain tumor and, finally, one in which a boy was sensitive over his small stature and had refused medical help. Though this group of cases might suggest significant organic clues, the social and psychiatric findings in all of them offered convincing proof of primary psychogenic difficulty.

Two of this group of thirty children were psychotic. There were no related physical findings.

## THEORETICAL CONCEPTS

**T**HOUGH many suggestions have been made that misbehavior can be tracked down to more or less specific organic factors, it cannot be disputed that many children with similar findings have reacted quite differently. For example, hypoglycemia can sometimes produce restless, impatient and impulsive behavior which is readily controlled

by appropriate diet and medical care, yet children with similar findings may show no such behavior. It is rare indeed to relieve or cure a behavior syndrome by the simple application of organic treatment for a specific organic condition. This is possible and has been reported in the literature, but there are no instances of such dramatic nature in this series. Where there are organic findings, and often child guidance clinic reports may reach as high a figure as 85% of all children examined, they accompany the total maladjustment situation, but it is extremely difficult to prove a determining causal influence.

(A) "*The Lagging Male*". Boys have more difficulty becoming men than girls do in their normal movement toward womanhood. This becomes more pronounced when boys reach the latency period at 6. They have been brought up primarily by the mother and often have weak exposure to the father image before they start school. They are then exposed to women teachers at a time when their main unconscious striving is to prove their masculinity. This equates activity, aggression, efforts to match strength with other boys in various physical ways, efforts to conquer and overcome obstacles and challenges. Mothers and women teachers tend to overcontrol these drives and the boys are commonly caught between the mother's attempts to make the boy "gentlemanly" and the father's often less vigorous attempts to help him to be "manly."

Margaret Meade<sup>1</sup> wonders whether we may have overdomesticated our men. Mothers protest against the boy's masculine aggression and try to control it, openly or slyly objecting to his fighting, his gun-play his hero worship of cowboys and other synthetic characters. This tends to make the boy feel very uneasy in the face of this obstacle to his normal masculine striving, increasing his guilt and hostility feelings and subjecting him to the compromise of a neurotic or character disorder. Girls have no need to assert themselves by outward aggression. They manage subtly to attain strength through attracting boys, who are considered to be "normally" mischievous because they must struggle with each other for evidence of masculine strength.

Doubts of masculinity are occasionally bestirred, largely unconsciously, in certain physical types; manic or assaultive reactions have been noticed in boys whose fat distribution is feminine, as in some cases of pseudo-Froehlich's syndrome.

Boys, especially in the first seven years of life, show a higher incidence of adjustment and learning difficulties than girls do. In a

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study made in 1950 in the Cuyahoga County Juvenile Court, the Cleveland Guidance Center, the Mount Sinai Hospital Psychiatric Clinic and from my private psychiatric practice, 386 girls and 213 boys were listed. Language disability occurred in 99 boys and 35 girls; disorders in sphincter control in 56 boys and 23 girls; tics and other mannerisms in 26 boys and 3 girls; accessory finger habits among 13 boys and 7 girls; aggressive misconduct and stubbornness among 33 boys and 23 girls (stubbornness and defiance of authority were common in the girls, whereas destructive and combative behavior were preponderant among the boys). These were among children 8 years of age and under.

In the 1954 Reading Improvement Summer Program in the Cleveland Public Schools, 486 boys and 207 girls were accepted for treatment. Children from the parochial schools tended to follow the same pattern. There were 49 boys and 15 girls. The intelligence in both sexes was about equal. The median I.Q. in the boys was 98.8 and in the girls 101.7. Ten percent of the children were left-handed and 13% had visual acuity errors. This sampling confirms the impression that boys indeed have more difficulty in language and speech learning. Specific language disability includes difficulty in reading, spelling, talking and writing words. There seems to be a high incidence of image reversals in writing before the age of 8. Some authorities believe the incidence of language difficulties among boys may be ten times as high as among girls. Karlin<sup>2</sup> says that this occurs four times as often among boys. Karlin suggested that an explanation may lie in the "delay or slower myelinization of the cortical areas concerned with speech." Thus, there is the possibility that objective evidence of slower post-natal neural maturation in boys may be found through the use of the EEG. The normal aggressiveness of boys is classically known, also. Thus, in a study made by Fried and Herman<sup>3</sup> boys account for 65% of accidents occurring under the age of 14.

(B) *Criminogenic Encephaloses*. M. Bachet, a Parisian, sets forth the thesis that in many recidivists there is latent brain damage<sup>4</sup>. He recognized the high correlation between male enuresis and delinquency and brought reference to earlier studies, as far back as 1889, to stress this point. He properly credited J. J. Michaels<sup>5</sup> who has worked in the field for many years. Michaels' first article appeared in the *American Journal of Orthopsychiatry* in 1934. Bachet believes that enuresis and delinquency have a large, perhaps related hereditary component.

Enuresis is essentially a sleep disturbance, which suggests "direct defective cerebral control." Bachet's statistics are somewhat difficult to confirm in our study, though we have not carefully correlated these findings. He believes that symptoms of enuresis and sleep disorder occur in 30 to 60% of male delinquents. Bachet believes that the area involved may be specifically in the diencephalon. Herbert Modlin<sup>6</sup> quotes Norman Dott: "The hypothalamus contains the mechanisms of the more primitive psyche and emotional reactions. It plays a part in conditioning moods of elation and depression, and their expression in laughter and weeping. It is concerned with reactions of defense, aggression, suspicion, fear, anger, sex." Modlin suggests further that the frontal lobe of the cortex controls these reactions, stimulates refinement and decency. When cortical control of the hypothalamus is impaired, gross emotional excesses of behavior can occur. Proof of this organic mechanism was not present in any of the cases studied in our court series. However, it is conceivable that certain types of hyperkinetic disorders suggest, as those described by Laufer and his group at the Bradley Home in Providence<sup>7</sup>, a relation to this type of organic control defect. The impulse disorders described classically by this group appear to have been favorably affected by the moderate use of amphetamine derivatives.

(C) *The Diencephaloses.* In his article<sup>8</sup> Michaels elaborated further on his earlier theory that enuresis, juvenile delinquency and psychopathic personality represent a fundamental organic behavior syndrome. It has been learned that EEG findings in these several conditions are similar to those found in epileptic equivalent states and sleepwalking states<sup>9</sup>. Michaels refers to a "special kind of psychosomatic disposition which permeates the delinquent individual . . . just as persistent enuresis represents an inability to control a local, specific vesical impulse, so in the psychopathic individual, who is persistently enuretic in his early development, the general diffuse . . . inability to control impulses permeates his whole personality." Thus, the lack of inner inhibitive controls, equating a kind of "primitiveness" of character, forces an over-reaction or an exaggerated reaction to immediate frustration and an impatient drive for gratification. Conversely, Michaels hints that obsessive-compulsive neurotics, being over-inhibited, are less apt to act out than are delinquents. He saw evidence of this in studies made by him and his group on medical inadequates in World War II.

### DISCUSSION

Though there is a continuing respect for specific organic explanations for behavior disorders, this study failed to bring out unequivocal organic factors. In the actual case material even presumptive evidence was minimal. However much it places the nosologic responsibility on the individual physician, every case must be analyzed holistically: the organism as a whole is always involved and determining causes are extremely difficult to uncover. More recently, it has been hinted that some personality disorders may stem from congenital or even molecular abnormalities. In any case, the approach must be interdisciplinary and so must the therapy, though the final effect of therapy must often be psychodynamic. It is difficult to predict that any recovery from personality distortion can occur except if the psychotherapist can reopen the pathways of true personality growth. Where pressures and controls alone are used, even in the classical psychopathic or character disorders, a true recovery cannot be expected. Since delinquency occurs in the still-growing adolescent, final growth may still bring about good results in many who appear to be dangerously self-thwarting at the time the delinquency is expressed. Also, it is likely that the aggressive misbehavior of the delinquent can be thought of as less serious if the pre-adolescent pattern was characterized by good social and emotional adjustment.

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## **USE OF HYPNOSIS IN UNCOVERING ETIOLOGY OF SEXUAL PSYCHOPATHOLOGY**

*Alan Canty*

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FOR the past thirty-eight years the Psychopathic Clinic has served the judges of the Recorder's Court in the City of Detroit in the evaluation of convicted criminal offenders. A staff of twenty-five conducts psychiatric, psychological, sociological and physical studies of selected criminal offenders at the pre-sentence level. This court has jurisdiction over all criminal offenses committed in Detroit and the ten Recorder's Court judges may, at their discretion, refer either felons or misdemeanants for clinical examination<sup>1</sup>.

Out of an average annual case load of 2,700 patients, approximately 20% have been convicted of sex crimes. Some sex offenders are before the court on minor charges, such as window peeping or accosting and soliciting, while others have been convicted of vicious sexual assaults<sup>2</sup>. In these cases, as in all other cases referred to the clinic, the staff must make an appraisal of the nature and severity of maladjustment and recommend hospitalization, extra-mural therapy, probation or quarantine in an institution of the penal type within the framework of the legal requirements. Thus the problem is one of diagnosis and prognosis.

Anyone who has worked with criminal offenders is aware that many of these patients are willfully guarding pertinent information. Others have suffered traumatic experiences in early life which have been so deeply repressed that they are not subject to conscious recall. These "forgotten" incidents often are the key to an understanding of



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the patient's problems. As a supplement to the gathering of historical data, the use of projective tests has been a valuable diagnostic aid. Sometimes, in spite of all our exploratory efforts, there is a feeling of uncertainty about the patient, a feeling that we have not really "reached" him. This cannot always be attributed to unsatisfactory rapport, since the patient may be unconsciously as well as consciously withholding information. I suspect that our occasional feelings of frustration have been shared by others working in this field.

In studying these difficult cases, one casts about for new methods, for additional tools to use in helping to uncover this critical material. It is then that the possible use of hypnosis comes to mind. Hypnosis, as is well known, can often provide access to material lodged deeply in the unconscious. The writer, because of his twenty-three years' experience with hypnosis, would like to use this technique more often than the circumstances will allow. One must be mindful that material elicited under hypnosis would probably not stand the legal test of a voluntary admission. Since any information gathered during our clinical examination might well affect our judgment and influence our recommendation to the court, we must protect the patient's rights at all times.

**A**LTHOUGH we cannot adopt hypnosis as a routine procedure in making our pre-sentence examinations, the technique has been found useful in certain special situations. The writer has had patients return to the clinic, after being placed on probation, to ask for help in understanding their problems. Since the clinic does not do therapy, we have been able to motivate a patient toward therapy by bringing to the surface the real nature of some of his problems through the use of hypnosis. Other patients, after serving short jail sentences, have returned to the clinic for advice and have been handled in a similar manner. Wives who have complained against their husbands in cases of non-support, assault and battery or in similar cases of marital discord sometimes are eager to appear at the clinic to discuss their problems. In some instances, these people have voluntarily submitted to hypnosis in an attempt to understand in what way they might have contributed to the marital maladjustment or to gain a more intelligent realization of how their own emotional needs must be modified to pursue their marital career with greater success. The writer recalls two cases where subjects spontaneously entered the



trance state when asked to close their eyes and let their thoughts wander back toward their childhood.

The writer is often asked by psychiatrists in private practice to use hypnosis in the treatment of patients who are unable to produce or recall critical material while in therapy. Hypnosis has been used to facilitate the production of unconscious material in patients who were in analysis and in uncovering repressed memories in those who were being treated by other psychotherapeutic methods. It should be emphasized that in these cases the treatment is not hypnosis per se. Hypnosis is used merely to aid the therapist in the discovery of motivational material and to permit the patient to produce this material through conscious recall.

Sexual maladjustment is a predisposing factor in many cases involving unsocial or antisocial offenses. Criminal behavior is often seen as a symptom of the basic sexual problem. The causative factors underlying the sexual deviation are sometimes close to the surface, but in many instances the etiology remains obscure. Unable to cope with his problem, the patient sometimes retreats into a psychosis or a neurosis in an attempt to escape from the unpleasant realities of his situation. In any event, symptoms of physical, emotional or social maladjustment, traceable to latent or overt sexual disorder, are commonly suffered by patients who ultimately seek psychotherapy. In the following case, the patient had been in analysis for four months when the writer was asked to assist with hypnosis because of the patient's unusual behavior.

#### CASE 1

THIS 24-year-old white female presented herself for treatment with the complaint that she cried nearly all the time although she was not depressed and did not feel sad. She was admittedly "nervous." Her symptoms had first appeared two weeks prior to her initial visit to the psychiatrist. She had spent a social evening with a masculine friend her own age who behaved in an aggressive manner after he returned with her to her apartment late in the evening. After some mild sexual overtures, which were rather casually rebuffed, the young man became more demanding. Finally a physical tussle occurred in which the patient's clothing was disarranged and the young man was exposed as he made a violent attempt to force the patient to submit to sexual intercourse.

She successfully resisted his advances, compelled him to leave the apartment, but remained very nervous and was unable to sleep the rest of the night. The following morning, when she reported for work as a stenographer, she began to cry. She cried much of the time during the following two weeks and then sought treatment.

It developed that she cried only when she was in the company of men. Men worked in her office, and she cried whenever she came into the (male) psychoanalyst's office. She refused to lie on the couch and would converse with the analyst only while sitting in a chair at the far side of the office and with her back turned to the doctor.

The physical and neurological examinations were essentially negative. The patient was slightly above average in intelligence and had completed one year of junior college work. The family history was negative for chronic disease and institutionalization. She was the younger in a family of two children, a brother being two years older and married. The parents lived in a nearby small town and the early home conditions appeared to have been satisfactory.

The patient had always enjoyed good health, had been steadily employed for four years and had no financial worries. Her habits were moderate, she had a number of acquaintances and enjoyed recreational activities, but much of her time was spent in the company of her own sex.

She had been able to advise the analyst that her menstrual history was not remarkable. There had been occasional masturbation starting at age 15, and at age 18 she had been seduced into homosexual relations by a girl two years her senior. Two subsequent experiences with the same girl resulted in severe guilt reactions, and the relationship was discontinued. For the following three years there was no sex activity with the exception of solitary masturbation about once in three months.

At age 21 she again engaged in a homosexual experience and during the three-year period immediately prior to treatment had participated in homosexual relationships with two girls her own age. These episodes occurred about once every three months. There had been a total of about twelve experiences of this kind, and the patient admitted solitary masturbation during this same three-year period on an average of once each week. She denied any heterosexual activity.

Hypnosis was suggested by the analyst. The patient agreed, and the writer was brought to the office and introduced to the patient,

who promptly cried. After the analyst left the room, the patient announced that she would probably not be able to go into hypnosis because she couldn't relax and she had heard that you had to relax to be hypnotized. During this conversation, the patient was sitting on the far side of the room in a comfortable chair with her back to the hypnotist. She was told that she didn't have to do anything she didn't want to do and that she wouldn't be asked to do anything that would be displeasing to her. The patient readily entered the trance state when the hypnotist utilized the patient's attitude of tension and apprehension to facilitate the induction of hypnosis. This idea has been beautifully outlined by Erickson in his many writings and particularly well described in a recent article<sup>3</sup>.

THE trance developed until the patient was in a medium state. She was given further deepening suggestions and then given the post-hypnotic suggestion that at the next meeting she would enter the trance immediately upon sitting in the chair and clenching her fists. She was told that she would be in a deep trance in sixty seconds and would then be able to talk to me about her problem. She was awakened, dismissed and returned the following week.

At the second session trance induction was no problem, and the patient reached a somnambulistic level without delay. She was then regressed to the time of her first menstruation and then taken back one year at a time beyond that point. She was told that if she recalled any sex experience with another person she should voluntarily raise the index finger of her right hand to let the hypnotist know. Soon the index finger was raised, and she was asked how old she was. The answer was, "Six." She was then taken back again and told to signal if she recalled another sex experience with any other person. The index finger was lifted again and she was asked how old she was. She replied, "Four." She was told to go back further and deeper and to raise the finger again if there were any earlier experiences. Nothing happened, and the hypnotist finally asked if she remembered anything more. She replied, "I don't remember."

She was then taken to age four and asked to tell what happened. It seems that at age four her brother, age 6, had played with her vagina. There had been many occasions when they had engaged in manual sex play of this kind, and she had manipulated his penis and cooperated in playing mother and father as he had rubbed his penis against her

vagina. She felt that this activity was not unpleasant but was interested particularly because it was a "secret." Secrets were fun, and this continued to be fun for about four weeks until the patient's mother caught them in the act one day. The brother was chastised and, in fact, corporal punishment was invoked, but the patient's role was largely ignored. She was admonished, but only to a superficial degree.

Two years later, when she was 6, a 15-year-old neighbor boy made overtures in a garage, and the patient readily acquiesced. She was almost seductive as she asked if he wanted to have a "secret." This mutual masturbatory activity continued until the boy attempted intercourse. The patient cooperated until penetration was attempted, when she cried out in pain and resisted for the first time. Her cries were heard by a neighbor woman, who interrupted the affair and reported matters to the parents of both parties. The patient was taken to a physician by her mother, who anxiously inquired whether she was bleeding and whether she was torn. The mother was reassured that such was not the case, whereupon she told the patient that she might have been torn wide open and all bloody. She was then spanked and told to "never look at a boy like that again" and to "never let any boy look at her like that." She was warned to stay away from boys on pain of additional punishment.

The patient was traumatized by this experience and stayed away from boys. At age 13 menstruation occurred without warning and the patient, seeing the blood, ran to her mother in panic and assured her that she had not been with any boys, so how could she be torn open? She wanted to know why she was bleeding, pointing out that she had not "looked at any boys like that" and had "not let any boys look at her." The mother then explained menstruation and expressed pleasure that the patient had not "looked at" any boys.

THE patient was then given amnesia for the events that had been discussed and told to return the following week. At the next session she readily entered a deep trance and was asked to remember everything that had been discussed the week before. She replied that she had remembered most of the material during the intervening week and had been thinking about it. She was then asked if she would find it disturbing if she remembered all of the material after she was awakened, and she was certain that she would not. She was then asked if she knew why she had been crying, and she said it was

because she had "looked at" the boy who was exposed in her apartment. The hypnotist agreed and then pointed out that the crying was also a defense against "looking at" any other males. With tears in her eyes and a handkerchief wiping them away, she could not "look at" the men in her office, the analyst or the hypnotist.

With all this the patient agreed. She was then told to walk over to a chair facing the hypnotist and then close her eyes. She did so and was then told that now she could open her eyes and look at the hypnotist, since she now realized that her mother would have no objection to this. She opened her eyes and was told that she need not cry any more and that she would be able to talk to the analyst after she was awakened and that in future meetings with the analyst she could lie on the couch or talk to him face to face without any emotional disturbance. The patient accepted all this and was then awakened. She conversed freely with the hypnotist, and the analyst was then called into the room. She proudly announced to him that she knew why she had been crying and wasn't going to cry any more. Her analyst reports that she continues in therapy, is developing excellent insight and is well on the way toward a better social adjustment.

## CASE 2

NEXT is reported a case of indecent exposure. This is an offense well known in our criminal courts and is often resorted to in an attempt to compensate for deep-seated castration feelings. This patient had been arrested in a Western city on two occasions for indecent exposure. He had no confidence in his ability to restrain these impulses and sought therapy. He reported solitary masturbation twice weekly and described three unsuccessful attempts at heterosexual intercourse. He had been in therapy for four months when his psychiatrist asked the writer to try hypnosis in an attempt to discover the etiology of the castration feelings.

This is a 19-year-old white boy of average intelligence whose family history is not remarkable. Physically and neurologically he is normally constituted. He graduated from high school. Both parents are living and there are two younger sisters in the home. He has had only odd jobs since leaving high school. He does not drink and describes normal social contacts with boys his age.

## Hypnosis in Etiology of Sexual Psychopathology

The patient accepted the idea of hypnosis readily, easily entered the trance and responded to deepening suggestions. He soon reached a somnambulistic level, and again age regression was used to recapture his repressed memories. Although this patient had been unable to "remember" any experiences that seemed in any way related to his feelings of sexual inadequacy during his regular therapeutic sessions, it was quickly learned in hypnosis that the problem began at age 5 and was associated with circumcision.

The patient was prepared for this surgery by his mother, who told him the doctor was going to "cut off all that nasty skin." Following the surgery, the patient was uncomfortable and sore, but his mother reassured him by commenting that "all that nasty skin was gone — the doctor cut it all off." The patient wasn't exactly sure just what had been cut off, but he knew it was sore and he didn't like it. A few weeks later he observed, while being bathed by his mother, that his penis was still there and he thought she said the doctor had cut it off. She reassured him that the doctor had cut only part of it off.

HE recalled three instances during boyhood when he had seen other boys his age urinating. He had looked at their penises and asked them if they had ever had part of it cut off. They all told him "no" and seemingly didn't understand what he was talking about. He began to wish that he hadn't had part of his penis cut off but didn't have the courage to discuss it with his mother again. At age 14 he attempted heterosexual relations with a 17-year-old feeble-minded girl in the neighborhood who had recently been released from an institution. She simpered and laughed through the whole experience, and he concluded that she was laughing at him because he was not performing properly. He attributed his unsatisfactory performance to the fact that there was something wrong with his penis.

At age 16 he visited a prostitute. He had much fear and strong guilt feelings about this, with the result that he was unable to have an erection. The prostitute laughed and made disparaging remarks about his masculinity. The patient withdrew in embarrassed defeat, believing even more certainly that there was something wrong with his penis. A year later a high school companion

was persuaded to acquiesce. During the preliminaries she repeatedly commented that they "might get in trouble" — "Maybe somebody will find out" — "What if I have a baby?" — with the result that the patient became equally tense and apprehensive and lost the erection. This convinced him that there was something wrong with his penis.

Exhibitionism started about one month after the final heterosexual attempt. He exposed himself about once a week, always to girls his own age. Two arrests followed and finally, in company with his family, he left the city and psychotherapy was started. The patient had completely "forgotten" the circumcision at age 5 and had not recalled his mother's comments. He was told that after awakening he would have complete recall for everything that had been discussed and would be able to talk over the details with his therapist. Three months have passed since his hypnotic experience, and there have been no more exposures. He continues in therapy.

WHILE hypnosis can be used in only rare instances when working with criminal offenders at the pre-sentence level, because of the need for respecting their legal rights, it is nevertheless helpful in bringing repressed material to the surface. Certainly it would seem that this method would be of value in treating criminal subjects in an institutional setting where the patients were available for therapy for only a limited period of time.

#### SUMMARY

1. Hypnosis can be used in certain special situations in the court clinic.
2. Two cases of sexual maladjustment are presented in which the etiological factors were readily uncovered through hypnosis with favorable therapeutic result.
3. The use of hypnosis should be considered in treating convicted criminal offenders on the intramural level.

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## THE FORENSIC CLINIC AT TORONTO

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FIRST I should tell you how the Forensic Clinic came into being. The main precipitating factor appeared to be public concern over the question of sex deviation which, during the winter of 1955-56, gained an undue amount of publicity in the public press of Ontario. Following this public outcry there were rather more constructive effects than is usually the case. A mass meeting was held, before which a panel of experts on the subject appeared. The Government responded to the advice of certain experts and decided to form the Forensic Clinic as a part of the Toronto Psychiatric Hospital. Although this was the precipitating factor, a much more important contribution was that of Dr. Kenneth Gray, whose untiring persistence and unfailing diplomacy over a number of years had at last borne fruit. Dr. Gray had envisaged a clinic serving the courts. The clinic does serve the courts and probation service, but voluntary cases of sex deviates are also seen. These may be referred by private physicians, social agencies etc. Quite a few cases are self-referrals.

In its organization, the Forensic Clinic is distinct in the following way. It forms a part of the Toronto Psychiatric Hospital and thereby is also a university center, because the hospital is the main center of operations of the Department of Psychiatry of the University of Toronto.

The Forensic Clinic cannot be considered a true court clinic, because it is not attached to a court, nor does it come under the Division of the Attorney General. (Actually, Department of Health.) However, a close liaison exists between it and the probation service of Metropolitan Toronto, and probation officers from time to time attend case conferences. About 60% of our cases are referred from legal sources, 40% of those being from probation officers.



The Forensic Clinic is an outpatient center, but it has as its complementary in-patient setting the Forensic Unit of the in-patient division under Dr. Gray.

The Forensic Clinic does not approximate in its structure any of the court clinics on the North American continent, nor does it approximate such other centers as the New Jersey State Diagnostic Center at Menlo Park. It performs four separate functions: those of diagnosis, treatment, research and teaching. The staff is made up as follows: Two full-time psychiatrists, and shortly a third is to be added; one part-time psychiatrist, with a second shortly to be added; three full-time psychologists plus one psychologist working with a temporary research grant; two full-time social workers and a third shortly to be added. There is a clerical staff of five.

### *Diagnosis*

THE diagnostic service carried out by the Forensic Clinic does not differ essentially from that of other court clinics. Pre-sentence examinations are carried out on individuals who have been found guilty of offense, especially sexual offenses. Most often the case comes to the clinic after the verdict has been established but prior to sentence. In any regard, the clinic is hardly ever called upon to enter into the legal question of guilt or innocence. The cases sent to the clinic for such reports are selected by the magistrates. The investigation consists of social history done by the social worker, a full battery of intelligence and projective tests and psychiatric examination. In most cases an electroencephalogram is done and sometimes other organic investigations are necessary. The total hours devoted to each of these pre-sentence examinations is usually about fifteen. Following a conference between members of the different disciplines a report is forwarded to the magistrate by the psychiatrist. This written report contains an opinion regarding the etiological factors leading up to the offense, and an opinion regarding the suitability and feasibility of treatment and fitness for probation. Personal testimony by the psychiatrist in court seems to be seldom required. The diagnostic function is also served when cases already on probation are referred, both for opinions as to treatability and need for hospitalization or certification as mentally ill.

### *Research*

WHEN the clinic was first formed it was the intention that its most important aim should be research into sex deviation, and later other forensic problems. As is so often the case, service demands placed limitations on the fulfilment of this aim. However, the following projects are either under way or beginning:-

1. A study of personality traits of sex deviates by means of psychological tests is being made and the sex deviates are being compared with groups of normals and groups in other diagnostic categories. This project is expected to be completed next spring.
2. A study is also being made by the psychologists of parent-child relationships in homosexuals, with normal controls.
3. It is hoped that in the not too distant future we should be able to present findings on the efficacy of group psychotherapy in the various groups of sex deviates.
4. Follow-up study of the results of individual psychotherapy in all types of offender will be done.
5. Longitudinal studies of the psychopathology of sex deviation in certain selective cases that have been seen for intensive psychotherapy.

It had been our hope that more ambitious aims for research, such as a major study of the problem of homosexuality in general, might be feasible. With so many other demands on the time of staff members, and the difficulties in obtaining staff, this may not be possible for a long time to come.

### *Teaching*

IN its close affiliation with the university, it has been the intention that an active teaching program should be carried out in the Forensic Clinic. Up to the present, teaching has been almost entirely confined to post-graduate physicians in psychiatric training. Psychologists in training, however, have spent periods at the Forensic Clinic

and case presentations are made to undergraduates during the academic year.

Two post-graduates in training are present in the Forensic Clinic for six-month periods. These physicians participate in every phase of the work of the clinic. Each post-graduate receives tutorial hours in which he learns about relationships to the courts, various forensic issues and, in particular, psychotherapy. There is also, weekly, a two-hour seminar on group psychotherapy. At these seminars each of the therapy groups is reviewed in rotation. There is also, weekly, a seminar attended by all the professional staff, at which a wide variety of topics are discussed, and a variety of speakers from various disciplines offer their contribution. At this seminar such topics as the treatment of delinquent adolescents, liaison of magistrates with psychiatrists, psychopathology of sex deviation, psychopathic personality and many other subjects have been debated. A third seminar, of one hour's duration, is devoted to case presentations in which the specific problems are discussed. Probation officers are present at the latter conferences.

### *Treatment*

IT may be that the Forensic Clinic was the first facility specializing in the treatment of offenders on this continent. Staff shortages have placed limitations on the amount of treatment it has been possible to offer, and some of the treatment has had to be carried out by post-graduate physicians in training.

An attempt has been made to offer as wide a variety of treatment as is necessary. It has been possible to offer an intensive analytic type of psychotherapy to a small and select number of cases of sex deviations. In the larger bulk of cases we have had to be satisfied with a briefer, less intensive uncovering approach, where a patient may be seen once a week for about six months. In every case an intensive work-up has been done, including social history and a battery of psychological tests. In many cases relatives are seen concurrently by the social worker.

Group psychotherapy with cases of sex deviation has been an especial interest in the Forensic Clinic. In October 1956 a mixed group of sex deviates was started. In July 1957 this group was split up. At this time separate groups of homosexuals and exhibitionists were

started and, later that year, a group of pedophiles. For a period a group of non-deviate acting-out adolescents was in existence, but the acting out propensities of the members necessitated the abandonment of this project.

### *Homosexuals*

MY own experience has been with a group of homosexuals, in which the age group ranges from 20 to 35. This group, which has largely been experimental, has been beset by certain difficulties. In the first place, a sexual relationship was formed between two members. It was finally decided to handle this by making it a condition that there should be no association between members of the group outside of the group sessions. I believe this has been maintained satisfactorily since then. At the time it resulted in one of the two in the relationship leaving the group.

A second difficulty that arose was a tendency for one aggressive homosexual to act sadistically toward the more passive members, and this sado-masochistic phenomenon occupied the group for many weeks. It was finally found impossible to carry on with the aggressive member present and he finally left when the passive members began to retaliate.

A third and more chronic difficulty has been the fact that we have had to content ourselves with too large a proportion of character disorders who have strong resistances. It is felt that it will be only a matter of time before this difficulty is worked through. At present the number of interviews is being increased to two a week, each for an hour and a half.

It should be added that the homosexual group has been almost entirely comprised of voluntary referrals rather than court cases.

### *Exhibitionism*

MY colleague Dr. R. E. Turner states: "In examination of the group dynamics and content, it is apparent that problem areas for the exhibitionists are: Lack of overt assertiveness and aggressiveness which, in fantasy, would be overwhelming,

so as to be too dangerous; an all-pervading feeling of inferiority with the act of exposure an attempt to prove oneself to be a man; lack of recognition, particularly by father, much later is translated to lack of recognition by society; difficulty handling aggression — recognition that they should be more aggressive — which is then linked with a fear of being hurt or scarred; frequently a dynamic relationship of exhibitionism arising out of depression, that is, inwardly directed aggression; easily threatened by female dominance, playing on their already-present feelings of inadequacy. The group itself has served to give support, often of a non-verbal nature, to each member in their daily problems, and a sense of camaraderie inherent in the group."

### *Pedophiles*

MY colleague Dr. M. Tuchtie states the following about his group, which has been in operation for nine months: "There has been an atmosphere of mutual support and a move toward self-understanding and maturing. In each of the cases there has been no repetition of the acts with which the member was charged."

A new group has just been started, consisting of wives of exhibitionists. It was found, during the therapy of exhibitionists, that many problems of a marital kind arose, and certain of the wives were requesting treatment.

## TREATMENT STATISTICS

### *Homosexuals*

OF the homosexuals two-thirds have come to the clinic from voluntary sources rather than the court. A slightly higher proportion of the voluntary cases came into treatment, but of those treated about the same proportion showed improvement. (The term "voluntary" is used to designate any case coming to the clinic from non-legal sources).

It must be admitted that in no case does the improvement constitute a complete change from homosexuality to heterosexuality. In a small number of cases there have been definite movements

in this direction, but none have been complete as yet. The improvements have been more in the nature of greater acceptance of homosexuality, inhibition of acting out, diminution of anxiety and improvement in the neurotic aspects of the problem. Unfortunately, it has not been possible to give a breakdown of the diagnostic categories. However, the largest number of homosexuals have been either psychoneurotics or character disorders with relatively little anxiety. A smaller number have been borderline psychotics, and one or two frank psychotics. A small number have been of borderline intelligence or below. One or two had so-called normal character structure with good adjustment to homosexuality. Several have had alcoholic problems.

### *Exhibitionists*

Of the exhibitionists two-thirds were referred from legal sources. Roughly the same proportion of voluntary and court cases came into treatment, with the voluntary cases showing a better percentage of improvement. There were nine instances of further charges but, where the case was in treatment, it was usually possible for the treatment to be continued. In other words, it was possible to convince the authorities that the repeated offense was due to the phenomenon of repetition compulsion, and that the prognosis was not necessarily worse on this account. Most exhibitionists were in the 20-35 age range, and the largest number were psychoneurotics.

### *Pedophiles*

Of the pedophiles, three-quarters were referred by the courts. An equal proportion of voluntary and court cases entered treatment, but the voluntary cases made better progress (5 out of 6 improved as against 9 out of 16). There were four instances of the offense being repeated later, but these were not necessarily in treatment. It will be noted that a much higher proportion of the pedophiles were over 40 years of age. In fact, more than 50% of those referred by the courts were over 40. A higher proportion of the pedophilic cases showed serious character disorders.

*Voyeurists*

Twelve voyeurists have been seen, six from the courts and six voluntary. Eight were treated and three improved.

Smaller numbers of other types of sex deviation were seen, e.g. ten fetishists, nine transvestites, two sado-masochists.

It should be noted that there have been cases who presented with more than one deviation, e.g. three with both exhibitionism and voyeurism and four who were both homosexuals and pedophiles.

**I**T appears that there are certain advantages in having a clinic of this kind centered in or closely connected with a university department of psychiatry. In the first place, this type of setting seems to render a freedom from excessive administrative control by persons who have but limited knowledge of the purpose of such a clinic. In the second place, a total atmosphere can be created in which research becomes almost a way of thinking and living with the day-to-day problems that arise out of work with patients.

Our limited experience of treatment of offenders indicates to us that this is an area with a tremendous future. Much remains to be done in the realm of public education and in the education of the authorities, but few of us can doubt that eventually the whole management of those who come into conflict with the law will be changed to the ultimate benefit of the community.

Forensic psychiatry has often seemed to be the stepchild of the psychiatric family, and it has been a subject that has, for various reasons, had least appeal to psychiatrists. Yet our experience at the Forensic Clinic has been that the post-graduates in training have expressed the utmost enthusiasm and interest once they have become involved. I think the fact that treatment of offenders is actually being carried out with close liaison with probation services is one of the contributing factors to this attitude. After all, does not forensic psychiatry remain a relatively academic and sterile field where no attempt is made to actually treat the unfortunate victims of their own social background and disordered psychological development?

## TATTOOS FOUND

### IN A PRISON ENVIRONMENT

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TATTOOING is a custom of ancient origin<sup>1</sup>, but literature on the practice as conducted in the United States is scarce. Nor has much been written about tattooing as it prevails among groups in prisons, military services, disciplinary barracks or similar establishments. In this paper we are concerned with tattoos found on a group of men admitted to the Illinois State Penitentiary System through the Diagnostic Depot at Joliet.

To obtain objective data, a total of 482 men, admitted consecutively between March 18, 1958, and June 18, 1958, were evaluated. Of this number, the 179 men who had one or more tattoos constituted our experimental group; the remaining 303 cases make up the control group. Both groups were arbitrarily classified according to the type of offense; the primitive type in which the offense was a direct attack against persons (murder, sex crimes, robbery) and, as distinguished from these face-to-face contacts, the non-primitive types involving non-violent offenses against property (including burglary, breach of trust, larceny, et cetera).

Because of the impression that tattoos were less frequently found in the colored race and to check the significance of this, the sample

1. See *Pierced Hearts and True Love*, by Hanns Ebensten, Derek Verschoyle Ltd; London, 1954, pp 1-95. For a chronological history of tattooing in the U.S., see *Tattoo*, by Albert Parry, Simon & Schuster, 1933, pp 1-171.



was also classified according to color<sup>2</sup>. All subjects were classifiable as Negro or white, with those of Mexican or Puerto Rican descent classified as white.

Tattoos were obtained by the men in our sample when they were between the ages of 15-28; the average was 19 years. Seventy-six of the inmates had one tattoo, one had 32. The most recurrent motif found on inmates of Mexican or Puerto Rican extraction was that of the Crucifixion, but invariably along with this—somewhere else on the man's body—could be found something pornographic. The most recurrent motif found in our sample in cases where the inmate had multiple tattoos was some sentimental expression of "Love and Mom" usually adjacent to a heart. Running close for second place were the names of former girl friends. If a man had but one tattoo, it most frequently consisted of his name, initials or nickname.

TABLE I  
NUMBER OF CASES  
CLASSIFIED ACCORDING TO TYPE OF CRIME AND RACE<sup>3</sup>

Type of Crime	All Races Combined			White			Negro		
	Total	Tattoo	Non-Tattoo	Total	Tattoo	Non-Tattoo	Total	Tattoo	Non-Tattoo
Total all crimes <sup>4</sup>	482	179	303	227	124	103	255	55	200
Primitive Type:									
Total	279	86	193	113	53	60	166	33	133
Sex	43	6	37	22	4	18	21	2	19
Murder	38	8	30	15	3	12	23	5	18
Robbery	198	72	126	76	46	30	122	26	96
Non-Primitive Type:									
Total	203	93	110	114	71	43	89	22	67
Burglary	102	46	56	54	36	18	48	10	38
Breach of Trust	25	10	15	20	10	10	5	0	5
Larceny	73	35	38	37	23	14	36	12	24
Other	3	2	1	3	2	1	0	0	0

2. One tattooed Negro stated: "If the whites can have them (tattoos) then we Negroes can have them too."

3. Source: Office of Illinois State Criminologist, Joliet.

4. 558 Felons were counted originally and, from these, 76 narcotic felonies were excluded. Hence, the statistical analysis is based on the 482 Felons admitted for all crimes exclusive of narcotic felonies.

Table I shows the data for this study classified according to both race and type of offense. The 179 men making up the experimental group include 35% of the entire sample of 482 inmates. Thus, while approximately one-third of the inmates had been tattooed, most of the inmates in this sample did not have a skin tattoo. Of the 279 men sentenced for so-called primitive-type crimes, 86 or 31% are tattooed. However, the percentage of tattooed inmates in the "non-primitive" group is much higher (46%) and this difference between "primitive" and "non-primitive" groups is statistically significant at the .01 level of confidence (Chi square 11.3,  $P$  less than .01). This finding is exactly the reverse of an hypothesis developed at the time this study was conceived and indicates the importance of factual evidence corroborative of armchair theorizing before such theorizing can be expressed as anything more than pure speculation.

STATISTICAL analysis of the relationship between tattoos and the specific type of crime committed also show some extremely interesting results. The highest proportions of men with tattoos is found among those convicted of so-called non-primitive type crimes, with percentages ranging from a high of 48% for larceny to a low of 40% for breach of trust—excluding the classification of "other" which has a total of only three cases all together. Within the "primitive type" group 36% of those incarcerated for robbery, 21% of those sentenced for murder and only 14% of those convicted of sex crime are tattooed.

When the data classified according to race are analyzed, some interesting and meaningful differences also appear. Among the white, the same patterns as for the sample as a whole appears; that is, a higher percentage of tattooed inmates among those convicted of "non-primitive" type crimes (67%) than for "primitive" type (47%). This difference is statistically significant at the .02 level of confidence (Chi Square 5.4,  $P = .02$ ). Among the 166 Negro inmates committed for "primitive" type crimes only 20% are tattooed and for the "non-primitive" group only 25% of the Negroes are tattooed. Here again, the same pattern holds (more tattooed persons committing "non-primitive" than "primitive" type crimes) but for the Negro inmates the difference is not statistically significant.

TABLE II  
PERCENTAGE OF TATTOOED CASES CLASSIFIED  
ACCORDING TO RACE AND TYPE OF CRIME

TYPE OF CRIME	PERCENT WITH TATTOO	
	White	Negro
Murder	2	9
Robbery	38	47
Sex	3	4
Burglary	30	18
Breach of Trust	8	0
Larceny	19	22
	100%	100%

The highest percentage of tattooed cases for both white (38%) and Negro (47%) are committed for robbery; with burglary (30% for whites, 18% for Negroes); and larceny (22% for Negroes, 19% for whites) exchanging second and third place between each other. The other types rank relatively low in percentages, ranging from only 9% down to zero per cent.

The tattoos observed<sup>5</sup> fell generally into three groupings: (a) mnemonic devices, (b) those regarded as erotic or decorative by their owners, and (c) those that have a philosophical significance to their owners. Into the first group would fall service serial and social security numbers. Into the second group we can place roses, panthers, bluebirds, cats, fish et cetera. The third group of stars, crescents, crosses, Crucifix, flags et cetera are presumed to be patriotic or religious. Erotic and decorative designs assume a prominent place among the types of

5. The following variety of markings were observed in the sample: *Animals*: panthers, rabbits, eagles, peacocks, fish, butterflies, skunks, spiders, snakes, parrots, horses, bluebirds, cats, monkeys, flies and bats. *Flowers*: Sunflowers and roses. *Weapons*: swords, daggers, and knives. *Phrases and Mottoes*: "Born to Lose", "Born to Die", "Death Before Dishonor", "Mother—True Love", "Lucky Thirteen", "Cherry—Here's Mine, Where's Yours", "Eureka", "Go with God", "Eldorado", "September Morn", "Sure I'm a Rebel", "Born to Raise Hell", "Never Forget the Betrayal", "Born to Suffer", and "My Crazy Life." *Comic Strip Characters*: Woody Woodpecker, Jiggs and Donald Duck. *Religious and Political*: star, cross, flags, rising sun, crescent. *Identification*: names and initials of persons and places, ships, cities, and events, social security numbers, service serial numbers. *Miscellaneous*: dice, playing cards, anchors, parachutes, skulls, clasped hands, hearts, nudes and semi-nudes, hula girls, mermaids, kewpie dolls and bolts of lightning.

tattoos in evidence. The inmates marked with the phrase "Death Before Dishonor", if servicemen, without exception had been given bad conduct, dishonorable, or under other than honorable conditions discharges from service in the armed forces.

According to Hanns Ebensten<sup>6</sup>, Delarne and Giraud brought out a book in 1950<sup>7</sup> dealing with the tattoos of French criminals, "Among whom a sign language has developed by means of which members of every branch of the underworld may readily recognize each other's specific occupation. Thus the mark of a pimp is an eagle carrying aloft the figure of woman and a burglar is known by the emblem of a butterfly." We found no correlation existing between designs and type of offense.

Also, Ebensten<sup>8</sup> has stated: "It is in groups where men are forced to live close together and lacking in the usual forms of amusement and entertainment that tattooing is highly predominate, while the criminal background of so many of these men later led to the erroneous belief that tattooing is more widespread amongst the criminal classes than elsewhere."

**I**NTERVIEWS with our cases disclosed that, to the youthful offender, tattooing gives status in the prison community and serves to attract attention. Tattooing seems to be, also, an expression of contempt of socially accepted mores. A positive relationship is indicated between number of tattoos and number of previous commitments to penal and correctional institutions. Boys coming in at Joliet as first offenders were found to have fewer tattoos than do recidivists.

Is jail or prison one of the places where most non-professional tattooing is done? One 22-year-old youth in our sample, now serving a term of 1-10 years for burglary at Stateville, displayed twenty-two different tattoos, all "home made." These had been placed on him within one week and within two months of his arrival in a Federal Reformatory during the summer of 1956. According to his statement, "I seen everybody else had them on so I wanted them on me too. I told the fellows that put them on what I wanted. They used just a sewing needle and the stamping ink that is used to put on your clothing."

6. Op. cit. p. 36

7. Delarne, Jaques and Giraud, Robert: *LES TATOUAGES du "MILIEAU"*, 1950.

8. Op. cit. p. 36

This youth's designs include the number "69," a brassiere, a nude female, a bat, a cross and the initials KKK. Questioned about the latter, the inmate replied, "I got that to be with the bunch up there that didn't like niggers." "Lucky Thirteen" was selected, he stated, "just to prove that I am not superstitious." On his upper right forearm appeared the word "Hell," while a bolt of lightning penetrating a cloud is similarly placed on the left arm. "I can hit like hell with one arm and like lightning with the other," we were advised. There were the names of four girls, the word "love" twice and the picture of a cherry with the observation, "Here's Mine Where's Yours?"

Examination of his case history disclosed that this inmate once had been arrested on an indecent exposure charge and that he had had problems of psychosexual development. When in the free community, he drove a car with baby shoes and a pair of cotton dice suspended from the rear-view mirror. These seemed to be genital proving signs and his tattoos might be interpreted as similar designations, but what were the motivational factors? Why did this youth so decorate himself and why did he select the particular markings? From what he himself said, imitation was his motive. The professionalized offender and habitual criminal appear, on the one hand, to demonstrate disregard for social conventions and yet they are, fundamentally, rigid and conforming. This may elude the casual observer because the criminal's conformity is based upon criteria that are totally foreign to socially accepted norms. Our 22-year-old inmate with his twenty-two tattoos was conforming to the rules of his fellow non-conformists. Others observed in this sampling stated that they had selected designs seen on their more sophisticated confederates.

Another white inmate with thirty-two "home made" designs, now serving a term 1-5 years for burglary, stated: "These all were put on in 1942 while I was at ——— prison. I was 20 years old at the time. I run around with three or four kids my age. They had 'em so I got 'em too. One tattoo led to another and then another. We had plenty of work to do there, so we put 'em on at night. We used pencil lead and hair oil. One of these, this cross on my arm, is for membership in our syndicate at ——— prison. We guys that ran around together had them on and when I left there were sixteen of us in our syndicate." Young men coming into correctional institutions may become tattooed in imitation of those they admire and whom they wish to resemble as closely as possible.

We would expect that boredom, prolonged inactivity and the lack of treatment and training programs in the correctional facility would result in incarcerants tattooing themselves. Yet the men interviewed reported getting their decorations during the initial part of their imprisonment. It would seem, then, that the newcomer exerts considerable effort to become institutionalized and to become one of the boys. The "fish" is eager to conform to his fellow non-conformists. While previously institutionalized, our subjects did not tattoo one another extensively as a means of passing away the time, but did so (and rather early in their terms, at that) to expediate membership in the in-group.

**T**ATTOOING appears to constitute a sort of insignia of stubbornness, for obtaining them is frowned upon, or forbidden, by most jailers. At Stateville-Joliet, for example, the practice is nonexistent for it constitutes a serious infraction of regulations. In other prisons, suspended sentences are meted out to the inmate who obtains tattoos during incarceration and whether or not he is disciplined depends on subsequent compliance with rules. In addition to being expressions of rebellion and conformity, is this practice not also an expression of aggression? "Sure I'm a Rebel", "Born to Raise Hell" and similar phrases would seem to indicate hostility feelings, a tendency to act out against society, and the anti-social philosophy to which the individuals so marked particularly cling.

The adult offender, so conditioned that he does not follow socially approved means of expressing his ideas of self, attempts to materialize them in the form of behavior patterns and of bodily markings for all to see. In this sense, the tattoo can become a form of non-verbal communication. The "vocabulary" may not be original and the idea selected may be a proved cliché inscription, but it functions to afford the marked one with identification he, heretofore, has been handicapped in verbalizing. For the man with doubts regarding his masculinity, or with homosexual interests, the nudes and pornography on his chest and arms serve to give notice to all who see that "I, too, am like you. I am a man. I go for girls." The fellows selecting for their coat-of-arms such expressions as "Born to Lose" or "Born to Die" or "My Crazy Life" may be trying to verbalize their beliefs or rationalizations that they are victims of a malign fate and are, therefore, not fully accountable or responsible. "Mine is a will

to lose, and I have a lifetime of experience to prove it," is the message. While it seems likely that various organized gangs in the free community, or members of such movements as the Pachucos, find it useful to bind their members closer by means of tattooed symbols, there were no examples of this in our sample.

An area not investigated in this study concerns the psychoanalytic implications of sex symbolism in tattoo. Andre Levy<sup>9</sup> has stated: "The piercing of the skin, the insertion of the needle, the leaving of a liquid in the skin, constitutes a sexual act." Otakar J. Pollak and Elizabeth C. McKenna<sup>10</sup> who investigated tattooed psychotic patients in a Massachusetts State Hospital report: "According to some authors, the process of tattooing is essentially sexual. The sharp needles, the liquid poured into the pricked skin, an active and a passive participant in the act and the curious combination of pleasure and pain are symbolic of the sexual act. At any rate, the sexual implications can easily be traced through the outstanding preponderance of erotic motives in such designs as the broken bleeding hearts, the united hearts, the naked or erotically-postured women and the often obscene designs tattooed on the buttocks."

Albert Parry<sup>11</sup>, paraphrasing Dr. Walter Bromberg, writes: "The sexual basis of tattooing can easily be traced through the preponderance of erotic (not to say obscene) designs among the American tattooed — so many broken, bleeding or united hearts; so many naked or semi-naked women; so many frankly anal designs on the buttocks." We do report an unmistakable similarity between the markings seen on the walls of public toilets and those seen on our inmates. Two of the inmates in this study had markings — one, the saultation, "Hi Ya Doc" and the other a fly — on the shaft of the penis. A third reported that he had planned to get his marked with a striped barber pole and then backed out. Several men had their breasts marked with such expressions as "Sweet" and "Sour" or "Beer" and "Wine". One had a bluebird in flight over each nipple. Those obtaining designs on the genitals or breasts report the process most painful and, thus, the element of masochism seems involved.

Still a further question in the psychoanalytical area involves the

9. *Tattooed Women and Their Mates*: Andre Levy, 1955, Philadelphia, p. 16. *American Journal of Psychiatry*. 101:673-674, March 1945.

10. Op. cit. p. 2.

11. Op. cit. p. 2.



interpretation of phallic symbols. For example, are snakes and those designs that portray a knife or dagger piercing the skin symbolically homosexual? We suggest that further research is needed before it can be categorically stated that there are meaningful relationships and, since all of those interviewed in this sample had received their first tattoo after puberty, we doubt that there is any connection between the urge to be tattooed and the awakening of sexual desires combined with an adolescent interest in one's own body. We do suggest that tattoos can serve to inform the clinician relative to the level of emotional maturity of his patient; that they are symbols of such personality characteristics as rebellion, passive-dependency and aggression.

If there is one fundamental factor that, by and large, differentiates the convict from the free population, we wonder if it is not the matter of emotional immaturity. Our impression is certainly that convicts are relatively immature emotionally. This is a somewhat slippery concept and there are, perhaps, no very good objective measures of the quality. Whether it depends ultimately on physiological (possibly endocrine) factors is another open question. A considerable number of men who began their institutional experiences as children from 7 to 14, terminate their delinquencies, apparently spontaneously, around age 40.

**V**ARIOUS idiosyncratic acts, including vocalizations, body posture and other movements, are significant because they indicate moods and intentions even if they are not adjusted to any prospective responses. Like the foregoing, we suggest that tattoos may be found to be diagnostically significant. Such intended or unintended self-disclosures are seen in the tattooed prisoner. The man, for example, who marks himself on his chest in inch-high letters "F— You Cops" habitually indicates his attitude toward authority. Not only attitudes and emotions, but also social status, may be indicated equally well by more subtle markings. What the man places permanently on his skin reflects his habits of thought, his prejudices, his affections, his ambivalence, fears and hostilities.

The over-caseworked delinquent and recidivistic adult offender usually learns to control his eyes, face, voice and verbalizations, at least during the interview situation. The reactions least subject to restraint, however, are most likely to "betray" the individual: movements of the hands, breathing, blood pressure, palmar sweating et cetera; for example, may be ideo-motor indicators that the professional



worker, who deals with individuals in times of personal crises, learns to watch. In a similar sense, bodily decorations are revealing signs and when the spoken word and the written symbol (tattoo) contradict each other, it is clear to an observer which should be afforded credence in his professional report. If the tattooed inmate is verbally circumspect or non-committal, keeping silent about his inner self, perhaps his unintended self-disclosures can be made to speak for him.

Again, a fundamental fact about inmates of a state penitentiary has been pointed out, i.e., they *do not* constitute a homogeneous group in any very fundamental sense. All they have in common is that they have all been convicted of felonies. Again it is demonstrated that it is as useless to attempt to generalize about them as it would be to find fundamental differentiating characteristics in a group composed of all men named Jones.

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### **Profile of a Libido**

I WANTED to cover my mother with kisses, and without any clothes on. She loved me passionately and often kissed me; I returned her kisses with such fervor that she was often forced to go away. I abhorred my father when he came to interrupt our kisses. I always wanted to kiss her bosom. Please be kind enough to remember that I lost her in childbed when I was seven. . . . Love has always been for me the most important thing, or rather the only thing that mattered. I have never been afraid of anything save of seeing the woman I love exchange an intimate look with a rival. . . . My victories never gave me a pleasure even half as intense as the deep unhappiness I suffered in my defeats.

—*Stendhal*

## **SOCIAL PSYCHIATRY**

## **AND MENTAL EPIDEMIOLOGY**

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SOMEONE read somewhere the term mental epidemiology and liked it, for whatever reason, and it seems, without knowing what it really meant or caring to know what it should mean, began applying it very loosely. The term, moreover, seemed to have had some kind of "epidemic" influence in its application, because within a few years it appeared as a substitution for an already established large, special and well-known field, which otherwise was designated as social psychiatry.<sup>1, 19</sup> Originally the term mental epidemiology was created and established about fifty years ago by a group of workers at the University of Heidelberg in Germany,<sup>12</sup> and it had been given a very clear and specific meaning. To reintroduce this meaning into the present work in the field of social psychiatry is the purpose of this paper.\*

There is hardly a field in the wider world of modern science where there exists a greater terminological confusion and unclarity

\*The first use of "epidemic" in regard to mental facts seems to be in Karl Ideler's large two-volume work on "Religious Insanity" 1848, where he has in Vol. I pages 206-557, an extensive presentation of "religious epidemics."

than in psychology and its medical sister, psychiatry.<sup>5, 6, 7, 8</sup> Of course, it is not too difficult to understand that such a confusion and diffusion is more eminent in a field the purpose of which is to describe our innerworld and individual experiences.<sup>9</sup> In realization of this fact, Arthur Kronfeld, one of the most philosophical minds psychiatry has had, wrote his *Epistemology of Psychiatry*,<sup>10</sup> a book little read during the author's lifetime and today completely forgotten. There has been little furtherance in his tradition. Those of us, on an eclectic or theoretical-scientific level, interested in such problems see ourselves getting "hopelessly entangled" in the attempt to raise epistemological questions or to insist on clarifying the established viewpoints of terminology beyond what the one or the other "means" with the few major terms he applies in his individual working and thinking.

The problem becomes still more disagreeably confusing when psychologists, maintaining that it is innate to their science, invade with the psychological viewpoint an unlimited number of scientific fields in an attempt to "discuss their problems," which they do in the similarly undisciplined manner in which many work with their own terminology or apply aspects of such sciences for themselves.<sup>8</sup> One of the most crucial of such "borderline entanglements" that we must discuss here with special emphasis is that in connection with sociology,<sup>4</sup> a field with certain controversies among its various schools as well as a very definite terminological discipline which would prove difficult for anyone to upset more seriously. Psychologists and psychiatrists, in the most obtruse way, have done wonders in mixing up sociological concepts with their own undisciplined thinking. About twenty years ago someone successfully applied therapy not to one but to a number of neurotic individuals at the same time. And immediately the term group therapy<sup>11</sup> was coined and applied in a way completely contradictory to what any school of sociological thinking could accept as the definition of the group. Here we find the terms of collective, mass and group indiscriminately mixed up.<sup>11</sup> Books with the most contradictory use of the terminology were written with the result that, after twenty years of struggle, the entire group therapy issue is turning upon itself and is by now in the process of extinction, and will probably be forgotten as an unfortunate sidetracking of scientific development in another ten or fifteen years. The reason for this is mainly that it never arrived at a semantically sound and otherwise correct conceptual basis. Such superficial scientific attempts never lead to real lasting

results and therefore erase themselves because of lack of appreciable achievements.

SOCIAL psychiatry grew out of the seeds sown by the universality of Wilhelm Wundt. In its infancy, it received considerable nursing from Englishmen such as William McDougall<sup>17</sup> and the London School of Sociology, as well as from cultural anthropologists like R. R. Marett<sup>18</sup> and Edward Westermarck.<sup>23</sup> When this author came to the United States in the middle of the 1920's, the problems of social psychiatry were in the minds of practically all American psychiatrists, and this author discussed with Morton Prince<sup>22</sup> the need and possibility of establishing experimental social psychiatry, discussions which resulted in the establishment of the International Institute for Voelkerpsychologie, which existed until the middle of the 1930's. Since then, social psychiatric viewpoints and aspects have come forward from the various schools of psychology and psychiatry, and from those sociologists who in the form of social pathology<sup>22</sup> have applied general pathological and psychological aspects to their field. In spite of a considerable output of social psychiatric observations and research results, there is missing a theoretical basis for this special field, not to speak of a real textbook. We have compiled a considerable background of social psychiatric facts, but we still miss a systematic and scientific-theoretical preparation of the tools basic for a well-established science. Theoretically considered, social psychiatry is today a kind of mythological fairy with which one can play a dream game, as do those who call themselves mental or psychological epidemiologists.

Although it is not the purpose of this paper to develop a theoretical outline for the area of social psychiatry, I would like to present a kind of summary as a basic sketch or blueprint. I have dealt with these problems in great detail in a book entitled *Society's Guilt in Mental Diseases*, which I hope to have in print soon. In spite of this, I think that the most serious important task is still undone, to develop more thoroughly the entire field of social psychiatry; but for this purpose we ought to know: What is the actual essence of the field of social psychiatry?

Following the usual pattern, we must first divide into two areas: social psychopathology and social psychotherapy. Beginning with social psychopathology, we must as the first task establish the *range of facts*. Keeping the separation of individual and social psychopathology<sup>8</sup> in

mind, we turn our view to the human environmental world in the search for the pathogenic elements. In question form we may ask: Which factors in the human environment can have a direct or indirect influence in causing mental diseases?" The Heidelberg psychiatrist W. H. Hellpach, who more than anyone else has contributed to this field and who has also written the above-mentioned book on *Mental Epidemics*,<sup>12</sup> has clearly defined and worked out this basic question in regard to the fundamental scope of social psychopathology in his book, *Psychopathology of Human Environment (Psychopathologie der Umwelt)*.<sup>13</sup> As Hellpach has done, one can include in the basic scope all natural elements like weather, climate, local factors as in mountain or desert environment, food, clothing etc. Or one can limit social psychopathology to the actual sociological sphere.<sup>4</sup> Whether one selects the one or the other sphere is a basic theoretical question. A further division of general sociological and socio-genetical aspects is justified. The socio-genetical facts start with an out-of-wedlock situation, orphanhood and other childhood deprivations, and include poor education, vocational inversion and so on. The general sociological facts begin with inadequate family environment, racial and national conflicts, problems of rural and urban life, religious problems of conversion and suppression, gang and class sequestration, "bad company," sex and professional pathologies, pressures by social obligations as in military service, social deprivations as in poverty, social catastrophies and the geriatric tragedies.

A second area of social psychopathology is the functional and relationships area. This is especially important as the basis of social psychotherapy. It is for a socially conditioned mental diseasing of an individual not only essential that he was or is an orphan or that he breaks down under the pressure of military service or in an immigration situation. For even two equally well or weak individuals may receive a different influence from a similar pathogenic factor due to the way such a factor functionally works. These social factors are not immobile material entities, but are constantly changing and active. They have different functional abilities at different times and a changing functional status due to timely conditions. The relationship between the social-pathologically influenced individual and the social factors, as well as the inner relationships of the social factors themselves, are of major importance. It is not enough to know that a child

has developed a behavior disorder because of family and school conditions. We have to know more specifically of whom the family is composed, the functional roles of father and mother, the relationships between themselves, as well as between the child and them. In the school situation we must investigate not only the child and his intellectual and social behavior, but the conditions in the class community, the personal status of the teacher and all the other factors that might contribute to a social pathology. The consideration of the relationship view is especially important in regard to what I wish to establish as the only correct concepts of mental epidemiology.

But before doing this I would like to direct the view to the correct aspect for social psychotherapy. In the present applications of psychotherapy, individual and social aspects are so completely amalgamated that it seems hardly possible to separate them. For the benefit of perfecting social psychopathology it is important to distinguish the influence of the therapist on the individual and his reactions, apart from all social therapeutic influences. Moreover, one ought to compartmentalize from within the field of social psychotherapy the actual environmental therapy from the social activity and social adjustment therapies. If one wants to carry through this compartmentalization, one ought to consider the sick-room in all its manifestations as the most intimate social therapeutic sphere. We have learned much about the proper arrangement of this most intimate therapeutic sphere and how it can be most helpful in the various disease situations, through coloring, lighting and decoration, as well as the varieties of furnishing arrangements. The mental institution is the next extended social therapeutic sphere. We must continue with the home of the patient in its state when it was instrumental in producing the pathology and of its change in becoming a positive therapeutic agent. We must add the work place and vacation area and other natural environments to those of the proper living environment, as well as the music hall, the gymnasium and the church. If the social activity aspects, beginning with the occupational therapy and physio-therapy that are being applied today in considerably advanced forms, were viewed less as simply individual activity and more as social therapy, more activating factors would be released that would utilize the entire purpose to greater success.

The *functional aspect* of psychopathology as it appears in psychotherapy is the adjustment aspect. It starts with the redevelopment of

the basic living functions in a pathologic individual who is disturbed in his outerworld connections. As a basic aspect of psychotherapy we must not only make an individual "ready for society"; we must re-educate and often actually educate the patient to the possibility of a sound adjustment in a family unit, with the opposite sex, the professional activities most suitable for him and his role in the smaller or larger community in which he lives. This viewpoint of adjustment is the most important for all psychotherapy and is today very badly neglected.

More important, however, than the details in social psychiatry we are offered today in an endless flow of individual studies is the seeing of the total aspect and the coordination of individual aspects into the total picture, because it is in this way that we learn the proper role of individual aspects and their limits and tasks, final aim and fulfillment of function.

COMING back now to the emphasis of the problem of a proper definition and assignment of mental epidemiology, we find the proper basic aspect for investigation starting out from what epidemiology means in the bacteriological field, namely, the infection of a larger number of individuals with the same diseasing factor, usually a virus, and which in equal functions we encounter in various forms as psychological inter-relationships. W. H. Hellpach's book *Geistige Epidemien*<sup>12</sup> (*Mental Epidemics*), written in 1907, remains up to the present time the most exhaustive study of all that concerns such collective experiences. However, since it was published at the end of the century, it does not take into account such forms of mental epidemics as occurred in a great variety of forms in the periods of social and political unrest of the revolutions and world wars that we experienced during the first half of this century. We have become accustomed to speak of these experiences as mass neuroses, abnormal behavior overcoming larger groups of individuals. Mental epidemics, if correctly defined, are just that. And mental epidemiology ought to be the study of such outbreaks — not more and not less. Of course, we may have to apply somewhat different aspects as those presented by Hellpach, since the modern mental epidemics demand a greater differentiation and a more detailed psychological study than those presented by Hellpach, who had to rely almost entirely on secondary sources. We



are now able, even if in limited degree, to study such mass neuroses directly.

The first question in mental epidemiology, of course, is that in regard to sources and incentives. Such epidemics, a number of which this author has been able to observe personally, prove to have been caused by greatly different incentive elements. Individual dictatorial influence, whether of the Nazistic or the Soviet type, as we have seen often in the past decades in Europe are indeed a major source of epidemiological influence. In the case of the Helsinki Trial<sup>10</sup> — about which I have written extensively — the personal element was greatly interwoven with mythological traditional factors. In tongue-preaching prayer meetings there is still an individual inspirator, but he is entirely instrumental. In religious epidemics easily observable in Catholic and Buddhistic countries of today, the incentive factor is entirely cultic. We know, too, of epidemics that were caused by fears or terrors, as during the British "blitz," and at great fire catastrophes or floods. Mental epidemics seem generally carried by emotional elements, but they can also be inspired and built up by intellectual factors, especially at the fore. Psychopathological emphasis may lean toward the belief that most epidemiological mass neuroses are predominantly hysterical in character. This is not quite true. I have observed such group neuroses that were entirely of a manic-depressive nature. One of the most amazing epidemics I have ever observed occurred in a Dutch insane asylum where a group of twenty schizophrenics of various types were influenced by a strongly incentive catatonic and participated in an hour-long mimic pattern of catatony as he transferred it. There is actually little done yet to clarify the more differential and dynamic factors of such mental epidemics of the modern type. Because they are rare occurrences and yet at the same time can be unpredictably ubiquitous, it is doubtful whether a comprehensive research could easily be done.

It was the aim of this paper to point up the fact that it must be considered a serious offense of scientific sincerity to single out very specific and complex phenomena from a rather wide field and label and treat them as if they were the whole. This was what was done by such mental epidemiologists who produced this fake mental epidemiology<sup>11</sup> now in high swing. The clarification of the theoretical framework and the basis of the entire field of social psychiatry will be the best means of doing away with such unfortunate superficiality.



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Every masterpiece, every important work, looks easy; and while artists strive for this apparent facility, there is unfortunately a tendency to prefer things which make a show of difficulty. —Jean Cocteau

## **EXPERIENCES WITH GROUP PSYCHOTHERAPY IN ADULT CORRECTIONAL INSTITUTIONS IN RHODE ISLAND**

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**G**ROUP therapy is a relatively recent addition to the programs of our penal and correctional institutions. Surveys of the present status of group therapy in American Correctional Institutions has been made, and it was found that 22% of the institutions are currently using some form of group therapy. According to the statistics, the start of these programs dates back only to about 1950 and it became apparent that what was called group therapy included any activity and orientation program, discussion groups, music and athletic programs. Only about 9% of the institutions reporting use actual dynamically oriented or analytic group psychotherapy. Although largely administered by professionally trained personnel, psychiatrists were responsible for operating group therapy programs in only a small percentage of institutions. Other therapists included psychologists, psychiatric social workers and others such as teachers, occupational therapists, counselors

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and educational directors. In general, the study revealed that group therapy is gradually being established in penal and correctional institutions in the United States and that existing programs are being expanded to include larger numbers of inmates.

What has psychiatry to offer in the fields of penology and criminology?

Can we treat the types of abnormalities characteristic of prisoners?

Can we reduce the rate of recidivism, which has remained constant in recent years?

Can we help cut down the immense cost of crime, which annually amounts to more than the entire cost of education in the United States?

These are the challenges which confront our profession.

Karpman states that criminality is without exception symptomatic of abnormal mental states and an expression of them. Even though most mental health experts will not go as far as this, they do agree that the prison population shows significantly greater emotional deviation than the general population. Leading authorities agreed that definite psychopathology could be demonstrated in nearly all recidivistic prisoners.

Despite these facts, very little psychotherapy is available to prisoners. As mentioned above, most of the therapy offered consists of mental hygiene lectures or discussions, or group therapy of the inspirational type.

Previous prison reforms have largely been concerned with the benefits of good housing, clothing, feeding, religion, education, vocational training, recreation etc. Yet, despite the best programs existing in the United States, a high percentage of the men who are released from these modern prisons commit new crimes and are returned to them.

Challenged by these facts, and recognizing the immediate need for specialized medical and psychiatric services, group psychotherapy was instituted in the adult correctional institutions of Rhode Island on May 2, 1957.

**T**HE staff members conducting the groups include one psychiatrist, one clinical psychologist and two psychiatric social workers. At present there are three groups operating in our adult correctional institutions—one group in the medium custody section and two groups

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in the maximum custody section. Each group has eight members and group psychotherapy sessions, lasting about an hour and a half, are conducted on a weekly basis. Two groups are conducted by our psychiatrist and one of the psychiatric social workers as a recorder, and the third group is conducted by our clinical psychologist, under the supervision of our psychiatrist, with one of the psychiatric social workers as the recorder.

In addition to recording significant verbal material, the role of the recorder was to observe group interaction. As the treatment situation progressed, we noticed a gradual tendency of the role of recorder and leader to merge, and the role of the recorder became that of a co-leader. In the absence of the leader, the recorders have assumed leadership of the therapy sessions. On these occasions there have been no negative reactions, although the groups have tended to remain on a more superficial level.

It was decided that the first therapy group would be formed in the medium security unit, where it was felt that fewer obstacles might be encountered. One criterium for selection of group members was length of time remaining prior to release or parole date. We felt that measurable changes could not be expected in less than one year of treatment. The final selection of members was made by the psychiatrist and psychiatric social worker on a psychodynamic basis. Care was taken to exclude the known group disrupters such as psychopaths and inmates of below average intelligence. The group finally selected was heterogenous insofar as nature of offense, age, cultural background and length of sentence were concerned. The group was limited to eight men, since it was felt that a larger or smaller number would adversely affect the desired interaction. The purposes of the group therapy sessions were not explained to the group members in advance. This was done at the first meeting of the group. We later abandoned this procedure of orientation for the other groups.

The second psychotherapy group formed at the adult correctional institutions was made up of inmates of the maximum security unit. In forming this group we modified our procedure on the basis of our experiences gained in the first group. Prior to the initial session of the second group, the men were interviewed by the psychiatric social worker individually. The primary objectives of these interviews were to determine motivation on the part of the candidate, to relieve the anxiety that might be experienced when facing a new and unknown

situation, to explain the nature and purposes of the group and to explain reasons for the selection of the candidate. As in the first, each member of the second group was also selected on the basis of his crimes being symptomatic of an underlying mental or emotional problem.

In explaining the nature of the group, the psychiatric social worker emphasized its voluntary and confidential aspects. It was mentioned, however, that any indication of an impending threat to the institutions, employed personnel or inmate population must be forwarded to the administration. This was the only limitation placed on the group.

OUR psychotherapy program is dynamically oriented. It is non-authoritarian, uses little direction and is permissive, allowing the inmates to express their feelings freely. The atmosphere in the group is informal. Smoking is permitted and the men are encouraged to speak freely and interrupt at any time. Seating is in the usual group therapy circle and members are permitted to take any seat they choose, but it was noticed that they usually take the same seats in every session. During group psychotherapy sessions, refreshments are served.

The therapist deliberately avoids isolation and he and the recorder sit with the inmates in the circle. He does little formal structuring, avoids lecturing, throws questions back to the group and generally presents himself as someone who is interested, accepting, but firm. The group soon learns that he is not there to answer questions but to help them understand and clarify their own feelings. Early conflicts are slowly resolved, tensions decreased, attitudes changed and energies redirected. After having been in therapy long enough to feel sufficiently secure and safe, they are expressing themselves quite openly and freely and they seem interested in working out the motivations behind their crimes.

Within the group itself there is a great deal of democracy. The men can blackball any inmate from joining the group. They are pledged not to reveal to other prisoners what is discussed in the group. If anyone betrays a confidence to other inmates outside the group, it is permissible to report such a violation to the therapist in the group situation without being considered an informer.

As confidence in the therapist's integrity develops, they not only

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discuss their own crimes freely but also discuss crimes that are not known to the authorities.

An understanding of what we hope to accomplish and why changes occur in the course of therapy requires a review of the underlying psychopathology of these men.

Let it be emphasized that we are discussing only the inmates participating in our group. One thing that became apparent quite early was that the criminal acting-out symbolizes the solution of unconscious conflicts and gratification of unconscious needs. The crime itself is only the most traumatic manifestation of the diffuse distortion of the entire personality.

Their childhood histories are, as a rule, intensely traumatic ones. With almost monotonous regularity one finds repeated rejection, severe neglect, frequent beatings and real deprivation. Early and frequent exposures to sexual scenes in childhood are not uncommon. The histories frequently reveal parents whose treatment of the child is very inconsistent. Excessive indulgence may alternate with unreasonable restraint by the same parent. Sometimes there is a weak, indulgent father, with a rigid, compulsive mother; or a brutal, alcoholic father with a masochistic mother; or a highly moral father and a promiscuous mother. Frequently both parents are highly respectable, but narcissistic people who allowed their children excessive indulgence in lieu of love, who emphasized the importance of pretense rather than actual and satisfying accomplishments, and who demanded good behavior only in order that it reflect favorably on themselves. Their children could never feel secure in their parents' love, for only by feeling certain of parental love can the dependent child trust his parents sufficiently to acknowledge his dependency upon them, and rest his libido in them, be confident of constant supply of narcissistic gratification from them, and avoid the risk of losing these love objects by behavior unacceptable to them.

**T**HE parents of some of the inmates not only failed to provide such love to stimulate the child to outgrow his narcissistic, pleasure-principle status of development, but actually encouraged the fixation of such infantile attitudes.

Adelaide Johnson and Robert Lindner have described parents who unconsciously encourage their children to act out their own repressed,

unacceptable impulses. By identifying with the child, they participate vicariously in his forbidden acts. Then by punishing the child they not only reinforce their own defenses but also discharge their own hostilities.

Often, important periods of childhood were spent in orphanages or there were frequent changes of foster parents, making it impossible to establish identification. No opportunity was provided to acquire and develop a consistent code of ethics and value standards. Without such a code they were deprived of a valuable tool for ego mastery and adaption and were pushed further in the direction of inadequate, weak and unstable object relations.

Our findings agree with the views of Barnes and Testers, in that when an individual with such a poor controlling ego is confronted with certain external social economic factors at a critical time in his life, a situation arises out of which criminal behavior may result.

In revealing the history of their relationships with others, the majority of the inmates reflect a defective capacity to establish mature identifications. They may, for example, identify only with the cruelty of a parent. Since identification patterns start to develop in infancy, one would suspect that the above-described emotionally disturbed parents had failed to gratify the infantile needs for love and dependency essential for the development of undistorted identification mechanisms.

Some of the inmates have established identification with a pathological family or a criminal neighborhood pattern. The pathology responsible for their behavior appears to be more external than internal. Prisoners with such identification were not chosen for the group.

The prolonged frustration of early security needs not only interferes with normal identification mechanisms but also results in a persistent attitude that the environment is hostile and rejecting, along with a deep sense of personal inadequacy and a sense of not belonging. The projected hostility results in an exaggerated fear of authority. Retaliation is not only expected, but is provoked as a repetition-compulsion mechanism. Because they feel like outcasts, they behave like, and become, outcasts in reality. They not only feel worthless, they must convince others of their worthlessness by their behavior. Many avoid successful achievement to avoid the anxiety and guilt of sur-



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passing their "betters" and to avoid feeling guilty lest others have a better opinion of them than they deserve.

It became quite apparent in the therapy sessions that crime for some serves the purpose of avoiding intolerable tension of anxiety, depression or guilt rather than for the achievement of a gratifying experience. In this respect "escape into crime" is similar to any other neurotic acting-out that serves to spare one from intolerable feelings, tensions and conflicts.

The treatment of individuals with such psychodynamics necessitates specific modifications of psychotherapeutic techniques. Our major goal is limited and well defined: To prevent repetition of crime by enabling the individual's fragile ego to utilize other more socially desirable defenses. To do so, he must develop his ego strength to tolerate the hitherto avoided stress. Therapeutic emphasis, therefore, must be ego-centered. His fractured ego must be helped to maintain its sense of personal worth and self-esteem while seeking new motivations, more adequate life goals and more acceptable means of achieving them. Our experience suggests that perhaps group therapy is the treatment of choice.

Therapy is one of the main preoccupations of these men participating in our groups. They continue to discuss problems with each other outside the group therapy sessions. The discussion has shifted from "What mistake did I make that I got caught?" to "Why do I keep repeating crimes and wind up in prison over and over again?" The inmates, when the groups first started, were hand-picked. We emphasized some of the difficulties they might encounter by participating in the group; namely, being rejected and ribbed by other inmates. Difficulties we expected in this respect occurred only in a minor way. Group membership has now become desirable and actively sought even by those considered tough and hardened. We had further expected an increase in acting out outside of the group of sibling rivalry, transference reactions or other affects as they were reawakened in therapy. Such acting-out behavior as does occur in quarrelsomeness, irritability or transient exaggerated attachments usually did not reach a point requiring disciplinary action.

If special problems arise, some of the men are seen on a short-term individual psychotherapy basis by our psychiatric social worker but,



as a rule, individual therapy is avoided inasmuch as this invariably causes intense rivalry. Men are encouraged to bring their problems up to the group. The realization that there are no special privileges for anyone helps them to do so. Some group members have tested the acceptance of threatening, guilt-laden material by presenting it to the social worker beforehand. Upon finding that this material could be presented without negative reaction on the part of the social worker, the member was then able to present this to the group at a later meeting.

Reports from prison officials have been quite favorable as the acting-out behavior of most of the participants in our group therapy has been modified. Prisoners who have been in constant difficulties previously are now presenting only minor problems in handling. If any one of the inmates who participates in one of our groups gets into difficulties, prison officials are more understanding, recognizing the acting out more as a symptom of the underlying difficulties of the prisoners.

We have tried to impress on the custodial officers that a permissive, understanding approach is not synonymous with indulgence, that therapists are not enemies of discipline, but rather that reasonable firmness is a necessary part of the therapeutic goal because the patient must learn to tolerate the frustration and anxiety of not being permitted to act impulsively, and to bring these feelings to his group therapy sessions.

In *Group Psychology and the Analysis of the Ego*, Freud indicated that when a group is organized for some definite purpose, certain special phenomena occur. In addition to its negative "mob" aspects, a group has the capacity to exercise a positive, favorable influence on the individuals comprising it.

Members of a group are subject to a heightened suggestibility which is sufficiently contagious that an individual becomes willing to sacrifice his personal interest to the collective interest. Individuals become capable of high ethical achievement, unselfishness and devotion to an ideal through group participation. There is a group compulsion toward uniform behavior; a need to be in harmony rather than in opposition; and a thirst for obedience to the leader.

Freud explained these phenomena by the fact that a group seeks a leader who becomes the embodiment of a common ego ideal. These group characteristics can be utilized for therapeutic gain. The group

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therapist can strongly influence group members if he can succeed in creating a new ego-ideal for them by enabling them to identify with him.

As Fenichel states, the shaping of a new ego-ideal operates by the mechanism, "Although, I'm not good, I'm able to participate in the therapist's goodness," as a repetition of the infantile recognition, "I'm not omnipotent and therefore want to participate in the adult's omnipotence." That is, through group functioning we hope to transform infantile primary narcissism into socially acceptable secondary narcissism resulting from conformity with the new ego-ideal.

**G**ROUP therapy, therefore, is utilized not only for the negative reason that it is impossible to give intensive individual therapy to many men but also for definite, positive reasons.

Group dynamics offer us a solution for their dilemma. If we can create a group in which the therapist can become the accepted leader, the common ego-ideal of the group members, we can overcome this inability to establish a transference relationship. Very early in therapy the group members seemed to recognize in the therapist a more adequate parental figure. As the therapist comes to the institutions as an outside consultant, he is never identified with the administration of the institutions, and for this reason a therapeutic relationship is established early.

Prior to their participation in the group psychotherapy program, the psychiatric social workers were well known and trusted by the prospective members. The inmates accepted these workers as persons interested in them and dedicated to assist them in the resolution of personal and social problems. In addition to this, the social workers are not primarily identified, by the inmates, with the custodial aspects of the institutions.

As intragroup transference bonds became stronger, individual members became very sensitive to criticism and anxious to be in the group's goodwill. This facilitated acceptance of aid from the group.

The maturation process that takes place in the group is easily recognized. It manifests itself by the quality and use of insight as reflected in their attitudes. The prisoners no longer complain of how wronged they were, but view their past in terms of the role it played in the crime. One senses the genuine concern regarding the significance

of their behavior. Attitudes change from the refusal to admit any responsibility to the acknowledgment of the consequences of their actions. Gradually there emerges an awareness of the existence of unpleasant aspects of themselves that they had not wanted to see. It became evident that there existed a sincere desire for the therapist and other members of the group to help them recognize their motivations.

**P**RISONERS must recognize that permissiveness in therapy does not represent indifference, sentimental condoning or sanction of the criminal behavior. Although he is consistent and accepting, the therapist must not permit the men to avoid the responsibility for their crimes by displacing this responsibility upon parents or other figures beyond their control in their attempts at understanding motivations for their behavior. He must guide, re-educate and, like a good parent, establish limits upon their behavior, while constantly undermining criminal behavior patterns. He encourages freedom of expression, but must also be aware of and alert to narcissistic exhibitionistic gratifications.

The group serves as a safe place to abreact and to gripe. Group interaction stimulates memories. As similarities in feelings and attitudes are recognized, anxiety, shame and guilt become diluted. As the mutual trust and acceptance is further strengthened, the sharing of guilt-laden experiences becomes possible.

Following the initial session of both groups some members withdrew. In the first group one inmate quit because he had built up a defense toward the guilt connected with his crime and saw participation in this group as too great a threat to his peace of mind. Another member, who was in a prepsychotic state prior to his selection, became overtly psychotic following the initial session and was subsequently transferred to the state hospital for mental diseases. We rather doubt that group participation hastened this process. The third man to quit the initial group did so because he attributed his offenses to drinking and rationalized that the group setting could offer no help to him.

From the tenth to the twentieth sessions, the groups exhibited increasing awareness and enthusiasm. In these sessions we noted the dissolution of cliques and an increased amount of group cohesiveness. Whereas the groups had tended to continually stray from the topic, we now noted an ability to remain on one focal point, often throughout

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the entire session. The sessions, which had previously been devoted to general topics such as parole, alcoholism, drug addiction and sex, now became more personal in content. Meaningful statements and reactions were observed and picked up by the dominant members.

**I**NSIGHT increased rapidly and the use of analytical terminology and knowledge of psychological processes, which had previously been a hindrance to the maximum group, now became an asset and enabled the group to progress. Feelings of inferiority, insecurity and rejection were expressed more frequently, and the group showed an increasing ability to support the member most disturbed or most concerned about a particular problem at each session. As members gained insight and awareness into personal problems, they exhibited an increasing sensitivity to the problems of each other. Once the members began to see some similarity between their problems and those of other men in the group, we noticed a decrease in the anxiety of the men and an increased ability and desire to discuss their own feelings and experiences. Such things as rejection, hostility toward authority, feelings of inferiority and insecurity were freely brought up and delved into by the groups.

One factor that speeded up the group process was the strong need of one of the members to be accepted and liked. Sensing the purpose of the group, he dropped many of his defenses and as early as the second session was able to discuss his sense of inferiority and need for affection. It was as though he were "buying" the leader's affection by presenting the type of material he knew was expected. As he spoke of his sense of inferiority due to his acne and claimed he was "the ugliest person in the prison," the group rushed in with reassurance and spoke of his favorable personality factors. His readiness to speak of his feelings and to shun defenses carried through some forty sessions until his parole appearance. He received much insight and was able to rechannel his needs for acceptance and admiration into positive-type activity even while in the institutions. This man had been an agitator and an instigator among the inmates, and constantly fought against the administration to gain the respect of the inmate population. Prior to his parole, however, he had made an extraordinary change in his institutional behavior. In addition to receiving his high school diploma, he addressed the maximum security

inmates on the night of graduation and delivered an essay on the meaning of education to him. He reached the highest position in his shop and assumed a positive-type leadership role with the inmates. In other areas this effort was sustained and he helped organize a prison newspaper and became its associate editor. In the recreational program he became an able assistant to the supervisor and also played on the baseball team. In speaking of the psychotherapy group he stated, "I have arrived at a point where I can see and, above all, live with my weaknesses and needs, the needs that motivated my life and resulted in criminal behavior."

WITH a therapeutic program such as the one described, it appears possible to create a sufficient shift in the defenses of the prisoners to produce symptomatic changes. It is hoped that it will lessen the likelihood of criminal acting-out behavior and make rehabilitation possible. Therapy should be oriented toward ego aspects of personality functioning. Utilization of dynamics of groups in a favorable setting makes possible the development of more adequate identifications and ego-ideals. Our goal is not to effect a complete, deep-seated personality reorganization, but to immobilize criminal acting-out. The goal should be that one must identify with the goals and objectives of society, rather than with the gratification of the needs of the individual. Will these changes persist under the pressure of living on the outside when there is no protecting group to turn to? We shall know better in a few years from now. Considering the changes in the individuals which have already taken place, the prognosis seems most encouraging.

As long-term goals, we hope that the emphasis in the future will be more and more on therapy rather than on custody, that prisons will truly become correctional institutions. Such a view, apart from the benefits to the prisoners, would convert prisons into treatment centers. Such an approach can create a new field for the application of analytic insights and should provide a highly rewarding experience for other therapists who undertake such programs, as it has for us.

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## Tyrants of Tenderness

PARENTS have become hyperprotective. Some are implacable maniacs of tenderness. It produces children who are too emotional, obsessed, unstable. Certainly we have been shown the disastrous effect which the lack of parental affection can have on a child, but we have too often disregarded what lack of authority does. Some people believe they must neither impose anything on the child nor refuse it anything if they do not want the child to have repressions. Parents are terrified of complexes, instead of being afraid of bad habits and worrying about a good education. Most children like to feel a broad and understanding authority over them. It is part of their security. When a child is refused this, it takes revenge.

—Professor Léon Michaux, La Salpêtrière, Paris

## THROUGH THIRST TO RECOVERY:

### A Dialogue on Problem Drinking

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THE themes of personal thirst and of empathy are synthesized; both are acts in which a person becomes himself, when he pursues his goals in the disciplined dynamics of identification, genuine resistance and free imitation. The recovering patient learns to understand the blind imitative nature of addiction, and begins freely to imitate well-recovered alcoholics. Ultimately he learns to live creatively in three ways. (a) He consciously reidentifies with his original personal thirst, now understood to be a thirst to feel better, to be a good fellow, to get along with others and to sense adventure. (b) He infuses the free imitation of recovered alcoholics with those features of his personal style brought to the surface through concerted acts of his imagination. Throughout all the dialogues, the value of recall and of imagination is stressed. He becomes creative through the help of fellow patients. But his behavior is clearly an expression of himself as he wants to be. (c) His personal style — being himself — is further enhanced by increasing insight into the experience of others. This experience stirs up dormant energies and capacities which he can use to mold the interpersonal material into new patterns. This is creative recovery, personal growth. In the adventure of (a), (b) and (c) he learns that genuine resistance is respect for the other fellow, as well as identification with him, in the daily practice of empathy.



**THERAPIST:** The four of us here have traced the problems of drink from our idea of personal thirst through to the meaning of intoxication. The sessions in Scotland I have tried to describe. Let's try to put it all together in a summary.

**LUCILLE:** This will be an effort to cover the basic issues that underlie both men and women alcoholics. Is that the idea?

**THERAPIST:** Yes.

**ALVIN:** You remember our first session on the meaning of thirst?

**THERAPIST:** Yes, that was the start, and there is the basic problem. We ended on the same note in the session on intoxication.

**ALVIN:** The real thing, the satisfying of thirst, has its meaning in what drink does *for* us, how it makes us feel. The burning sensation, the shudder and the glow — if it weren't for these, coffee or coke or milk would satisfy any ordinary thirst. The sensations we have when we drink, and the relaxed feelings afterward, made us feel better all over and helped us to be sociable.

**LUCILLE:** This is obvious. Why stress it? Every alcoholic drinks to feel better and to be a good fellow. At least that's why we drank when we started.

**THERAPIST:** We stress it because of the mistaken tendency to explain the meaning of thirst by an exclusively scientific analysis. That's all. As you say, it's simple and obvious. But to overlook the obvious is to miss something important.

**ALVIN:** It's important, too, because it shows that the alcoholic does not necessarily have a special alcoholic personality. After all, everyone wants to feel better and to socialize easily, sort of by instinct.

**SULLY:** So those different tendencies you discussed with the patients in Scotland are not tendencies of the alcoholic.

**THERAPIST:** Yes, they are. But they are also the tendencies of many other troubled people. We note them in alcoholics, and suppose that drinking either helped to bring them on, or that they were already there, and then worsened by drinking. And remember, no one yet knows enough about the sensitive tendency to say with cer-



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tainty that alcoholics have a special chemical defect which distinguishes them from social drinkers. But we do know enough, for practical purposes, to be sure that within our sensitive tendency, supported by the others, there is something which marks us off from neurotics who have no trouble with alcohol.

LUCILLE: That part of it is all right. Any alcoholic, after some sound therapy, ought to know that he just can't drink. But what I want to see is the value, if any, in describing thirst so generally that it applies to *anybody's* thirst, alcoholic or any other.

ALVIN: But the alcoholic's thirst is personal, not just physical, as it is with many people.

THERAPIST: Yes, Lucille, early in our discussions we distinguished the alcoholic's thirst from the non-alcoholic's thirst. The alcoholic responds to a deep personal need, the non-alcoholic to a mere physical urge, or to a harmless and trivial desire comparable to drinking coffee or tea.

SULLY: The non-alcoholic, then, just does not have the same urgency to feel better and to be a good fellow that the alcoholic has.

LUCILLE: That is acceptable. But if it is, that means there is only a difference of degree between the social drinker and the alcoholic, provided both of them display the same, or nearly the same, kind of behavior in those tendencies you speak of.

THERAPIST: That is more or less my opinion. Someone once said "There is only a hair line between sickness and health." The same sort of reasoning could apply, I think, to the alcoholic and the excessive social drinker, or the alcoholic and a tee-totaller, if both are inclined to have the tendencies we described.

SULLY: Where you find an alcoholic, you find those tendencies, sort of neurotic and sensitive, immature.

LUCILLE: Yes, but where you find those tendencies, you don't always find an alcoholic.

ALVIN: Still, you will sense the *danger* of alcoholism.

**THERAPIST:** Let's apply the same thinking to our meaning of thirst. Where you find an alcoholic, you know that his thirst was originally personal. Where you find someone whose thirst is personal, he may not be an alcoholic, but in danger of becoming one, or perhaps a drug addict.

**LUCILLE:** That will pass. That I can see. But there is a special twist to the word "personal."

**THERAPIST:** Yes, after we discussed the imitative nature of addiction, its failure to satisfy our real thirst, we noted the difference between "human" and "personal."

**LUCILLE:** In the account of the Scotch sessions you concluded that the personal is religious. Does that mean that all this is a supernatural cure for alcoholism?

**THERAPIST:** No. It means instead that we make religious use of our alcoholism. We can't cure it, and should never try. We should not fight addiction, the real problem of alcoholism. Addiction, because it is a pattern of unconscious imitation, brings misery and suffering. It is not the destiny of a person to be just an imitator, an imitator who stays fixed in one monotonous slavish kind of behavior. But the personal misery and suffering which necessarily arise from a fixed and imitative pattern of behavior like addiction can be valuable, if we learn how to use it.

**SULLY:** Use it?

**THERAPIST:** Yes, we don't fight it. We use it in our efforts to recover. And in those efforts we become creative. This is one of the three marks of being personal.

**SULLY:** But you once said "forget addiction."

**THERAPIST:** You forget it as a desire to drink. But you use it in its meaning as suffering. The art of forgetting is an act of memory. When you recall the suffering, you make it replace the old urge to drink. In this way, I mean that you forget addiction. There are two ways an alcoholic tries to fight addiction, by will power and by wanting a drink. To desire a drink is to *fight* addiction, to assume that addiction can compete with the meaning of personal thirst, that an event is as good and as desirable as an action.

LUCILLE: How do we make religious use of our alcoholism?

THERAPIST: In the effort to recover. The key is in the word "recover," to regain what has been lost, and to create sobriety.

SULLY: Ummm. I lost the ability to feel better and to be a good fellow when I became addicted to alcohol.

LUCILLE: Just how do you see this as a *religious* use of alcoholism?

THERAPIST: The suffering is really your evidence that imitation is not for him who wants to be a person. You become creative through suffering. If you don't, you continue to suffer in a sick way. And you suffer because your main desire, your original personal thirst, is to become a person. So when you use your suffering to recover your early strivings, you make religious use of it because those early strivings, when understood, are personal. They are religious.

ALVIN: I was puzzled the time you said, "Forgetting is an act of memory." Forgetting can be deliberate?

THERAPIST: Yes, I think so.

ALVIN: We forget the urge to drink. We replace it with the memory of suffering.

THERAPIST: And the memory of suffering serves religious strivings. That's what I mean when I say we make religious use of alcoholism.

LUCILLE: Just a minute now. Are you trying to say that to feel better and to be a good fellow are religious efforts?

SULLY: Yes, when we understand the meaning of them.

THERAPIST: Those efforts are very simply the desire to be as complete a person as possible, and to share your life with others whom you need. They are religious strivings when you see that these, in turn, require you to respect the same efforts in other people.

LUCILLE: But the alcoholic. Really now, do you think all this goes on in his mind, does he think this through?

ALVIN: No, of course not. That is just the problem which, as I see it, led to the discussions about "human" and "personal" goals.

SULLY: It is through the humbling effects of suffering that we learn to create sobriety, and to become personal. The human power of will does nothing for us as persons. Will power is effective only in human problems. But alcoholism is not a human problem. It is a personal problem. Will power is useful among activities I can humanly control such as the goals of money, of prestige or of sex. But it cannot make me a person. For that I have to recover those early strivings. That's the way I see it so far.

THERAPIST: We have to sense the meaning of those strivings before we realize that the *personal* thirst of the alcoholic is religious, even though it is true that he may never have thought of it like that when he was drinking.

LUCILLE: And we sense the meaning of those strivings in the memory of our suffering from alcoholism. Yes, I see. But — uh — what about God? Doesn't He usually figure in religion somewhere?

THERAPIST: When I'm induced to try sobriety as a way to feel better and to be a good fellow, I think the search is on for God, for the vague something more I failed to find in drink.

LUCILLE: To be practical, I could say that the grace of God, for an alcoholic, is the desire to be sober.

ALVIN: I like that. It makes our relation to God concrete and down to earth.

THERAPIST: Yes, that makes good sense, I think. The alcoholic, you might say, was blindly searching for God in drink. He searches for the same goal in sobriety, except that he is responsible now, and is not expecting God to come all the way. The personal desire for sobriety, and the goal beyond it, are efforts that require the whole person, not just part of him. Sobriety, and the freedom it brings, surely are graced by God, since they seem to be so all-embracing and basic as to be religious.

SULLY: It's a matter of faith, of belief.

ALVIN: The story of Noah shows that he was a drunk. Remember how very God-conscious he was, how he felt that he was chosen to save the world.

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**THERAPIST:** It intimates that alcoholics do search for God. But it also suggests that alcoholics must watch the tendency to play God. That is the most disastrous trait in alcoholic behavior.

**LUCILLE:** Well, we have glimpses of God in our desire to be sober, and in the fellowship we strive for to strengthen our sobriety. In any alcoholic we see, we might well say, there is God, asking us to communicate with Him, whether the alcoholic is recovered or not. This sort of follows from the view that the grace of God is the desire to be sober.

**ALVIN:** The humility required to see God in others should restrain us from supposing that we know it all, or that we have a private line to heaven.

**THERAPIST:** If we can remember that, we should be all right. The line to heaven goes through our fellowman, we can't get through any other way.

**LUCILLE:** When you say that this is not a religious cure of alcoholism, do you mean it is not a supernatural cure?

**THERAPIST:** It is not a cure of any kind. There is no cure for alcoholism. A real cure means there is no relapse. But there is always the danger of relapse in alcoholism.

**LUCILLE:** Therapy, then, like ours, is constant. It never ends.

**THERAPIST:** That is how I see it.

**SULLY:** There is another reason why it is not a cure. We use our problem in a religious way to achieve our sobriety. We don't overpower the problem.

**LUCILLE:** If I see this now, you mean we don't go out of the world, in a sort of supernatural trance. We stay very much in the world now, in communicating with one another. That's why you insist this is not a supernatural cure.

**THERAPIST:** Yes.

**LUCILLE:** Do you imply, then, that the personal, which is religious, is not supernatural?

**THERAPIST:** Not at all. I say that this therapy is not a supernatural

cure to make sure that we do not try to *cure* our suffering, either by worldly or by religious means. But it is a very different thing to say and to feel that we use religious means to achieve our sobriety. Sobriety may well have a supernatural meaning for many of us, because sobriety is personal and the personal is religious. The meaning of suffering is also religious because it enables us to recall the strivings which prompted us to want to feel better, to be good fellows. But to try to *cure* our suffering, the core of alcoholism, is to try to put its meaning out of our lives. It is just this which accounts for many slips.

LUCILLE: If we sincerely desire to feel better, and it is commendable to want to feel better, why should we coddle our suffering?

THERAPIST: We don't coddle it. We just note its meaning.

ALVIN: What about slips? Everyone tries to analyze them. They seem to be a mystery.

THERAPIST: I think they are a mystery. A problem can be solved. A mystery can only be accepted, but it may be understood.

SULLY: How do you understand the mystery of suffering?

THERAPIST: The fact that suffering seems to be essential to creative living is a mystery. I can't analyze it, but I accept and try to understand it, and do the best with it that I can. When a fellow slips, his desire to drink becomes very strong, and he takes a drink only in the light of those pleasant moments of intoxication, so well described by Thompson. The suffering of addiction is shelved, put out of mind. The drinker, when he slips, is feeling and thinking as the alcoholic does who wants a *cure* for alcoholism — the assurance that he will never suffer again from drinking. The whole point is that you have to *use* your suffering in order to be sober, you have to remember the misery that actually blotted out the pleasant state of intoxication. The drinker, when he slips, is in a false paradise. He supposes he can have what he once had long ago, the lift of intoxication, without the suffering that addiction brought him.

ALVIN: Nothing too supernatural or mystical about that.

THERAPIST: But it is religious in the sense that the drinker who does not slip takes everything into account, not just a partial experience, everything that matters most in his life. And because the suffering

from addiction, the clear memory of it, is the best means to what matters most, we can say that recall of suffering is a religious use of our alcoholism. Since religion and the supernatural include so much more than we are concerned with here, it seems to be a mistake to call our discussions a religious cure for alcoholism. Besides that, it reminds us too much of the old vain attempts to cure alcoholism by pledges alone.

**LUCILLE:** So in your view, it's possible for religion or personal living to be supernatural as well as natural.

**THERAPIST:** I don't like separating them. I like to think of natural and supernatural as we thought of human and personal. There is a development leading from one to the other, without any great gaps. This is not to say that God is just a symbol for the unknown in nature we may yet humanly understand. I believe we can see enough of God in our personal relations to bridge the natural with the supernatural. The traffic back and forth on this bridge makes me think of the supernatural as not only linked, but interfused, with the natural, rather than sharply opposed to it. I think that one of the alcoholic's main troubles is his separation of God from the world, and his vain effort to find him in drink. But if, sober, we can feel God in and with us as well as beyond, we shall not as likely try to find Him in alcohol.

**ALVIN:** About slips again, couldn't you say that a slip was a fall from grace?

**LUCILLE:** That's neat. It fits in with my idea that the grace of God is the desire to be sober.

**THERAPIST:** It brings therapy and religion close together. That appeals to me, too.

**SULLY:** Ummm. It also illustrates our view that we should not fight addiction. To fight addiction is to put it on the same level of claim to our attention as sobriety. To fight addiction is like the scientist who fights religion. Addiction is a means to sobriety, just as science is a means to religion, to the things that matter most. A fall from grace is the temptation to fight addiction, to lose the desire for sobriety by having a drink. A fall from grace is the temptation to believe that an alcoholic can learn to control alcohol. There is no human way out of alcoholism. Will power, like science, is human. It only worsens

## Through Thirst to Recovery

addiction because will power is fear, and fear drives you to alcohol in order to forget your fear, or escape it. A fall from grace is a belief that science or will power can cure alcoholism.

LUCILLE: Wait now, wait a minute. Science is helpful in achieving sobriety. It may not cure alcoholism, but science is helpful.

SULLY: I'll concede that, even support it. I just meant that science cannot by itself effect a cure for alcoholism. As to will power, I'm doubtful about its worth at all, unless you just mean that will power is concentration on what you want to do.

ALVIN: In recovery, what have we to watch most?

THERAPIST: There are two experiences, among others, that are vital, in my opinion. One is the misery of addiction, the other, the pleasant memory of intoxication. Both need to be relived in memory, together. If you think only of your misery, you may lack the drive required to be creatively sober, you may be sober with the weight of the world if you do not have a sound reason for strengthening your sobriety. In the depressed state you may have a relapse. But if you think only of the good times you had in drink, you are just as likely to relapse because the desire to drink will compete with the desire to be sober, and perhaps overcome it.

ALVIN: The two experiences are so different, it's rather hard to think of them together.

SULLY: Well, if we think of a coin, with its two sides, or an object and its shadow, we won't find it hard. Just think — everything lighted up casts a shadow. Think of it like that.

THERAPIST: That's practical. Also, try to remember that suffering, or the memory of it, is a useful experience, not necessarily a distasteful or painful one.

ALVIN: Together, then, these two experiences. How do they guide us? The prospect of either alone is not very bright.

THERAPIST: Together they give us two sound reasons for sobriety. The recall of our misery brings to mind those tendencies of immaturity we discussed, and the hope that those tendencies can be directed to our personal advantage. This is security against relapses, or slips. But all



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this is defensive, protective. We need also a positive, active reason and this we find in the memory of pleasant moments of intoxication, away back in the early days of drinking. Those pleasant moments reveal to us now that we were vaguely in search of better accord with our fellowman, in search of being ourselves. Here we find the clue we want for creative living, its joy and adventure. But the suffering of our addiction, the companion of this clue, reminds us that the only way to seek the adventures that mean most to us is through sobriety.

**SULLY:** Sobriety is life, in abundance.

**THERAPIST:** Belief in the worth of life is basic, it is religious. Everything else we've said in these discussions follows from that.

**LUCILLE:** One more thought. It helps me, in the light of what we've said about using alcoholism creatively. If we can use our alcoholism as a means to sobriety — both the misery of addiction and the rare pleasant moments of intoxication — we can use our thirst in the same way.

**SULLY:** Good. I like that.

**LUCILLE:** Thirst can lead to recovery if we understand it well. If we believe that our thirst for more abundant life is worthwhile, we do not try to kill this basic need. Instead we try creatively to meet it, to satisfy it.

**SULLY:** I like the way you're going, but there's something I want to add. We use the memory of our alcoholism, we imaginatively relive both the addiction and the pleasant moments, we feel by recall. But the thirst we can actually relive and savor in action in our efforts to quench it, when understood as a thirst for abundant life. When our thirst is really understood, we stop drinking, but do not stop thirsting. Anyway, Lucille, this only strengthens your idea.

**LUCILLE:** To recovery by thirst! What a comforting thought for an alcoholic.

**THERAPIST:** We thirst for abundant life, and that, I think, depends on our knowledge of persons. I like the way you once expressed this, Alvin.

**ALVIN:** The only way to know persons is in and through the act

of liking, or trying to like, them. This, I gather, is the best way to fill our emptiness, to quench our personal thirst.

SULLY: And that is how we come to know ourselves. We find and know ourselves, to be what we really are, in others. Our personal thirst is to be, to love, to know, and be known.

LUCILLE: Ummm. That's interesting. To be, to love, to know — all the same thing.

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THIS interpretation of the dialogues reflects an ideal attitude toward therapy and recovery. Human beings do not behave in such an incredibly neat fashion, responding appropriately to a therapeutic model. But I have tried to outline the dynamics as they are pursued in ideal recovery. Many patients do indeed approximate these trends of action well enough to encourage us to continue using the model.

The concept of personal thirst arose among the patients. It impressed me, in its simplicity and force, as a sound phenomenological approach to the drinking problem. It was a happy coincidence that I was able to invest their own term "personal" with much of the thinking and feeling that, in other contexts, the word had long held for me.

No special discipline is used in conducting the sessions, and no controls of a quantitative nature are used. A main postulate underlying treatment is that the patients should seek, with experience gained daily in the sessions, to test their own recovery in situations beyond the therapist's control. The postulate implies conditions under which the participants are minimally "conditioned."

Attendance at meetings is not compulsory, though staff cooperation can do much to insure a well-attended session. The size of a group varies with type of institution. At the Crichton Royal (Scotland) my groups averaged about twelve members. At the Bell Clinic and at Brookside, the range is from six to fifteen. A group could be larger, as it is when the Wednesday evening session, thirty or more, is devoted to group therapy. But then, of course, less intimacy and less freedom are felt by many of the patients.

Members of the group normally have afternoon tea before the

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sessions. The lounge is comfortably furnished, and participants relax, as they would among themselves, during the discussion period. Talks about the sessions among the patients in the absence of the therapist, at mealtime or in their off-hours, are thought to have a vital bearing on the worth of the group therapy.

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### **Jobs and Illusions**

EVERY time the job market shifts, there is a corresponding shift in the attitudes of applicants and employers. It seems that the group that is the most pursued is the one that stops making decisions in terms of realistic needs and talents and enters into a long and frustrating search for a phantasy.

For the last eight or nine years the market has been wide open to junior women. Not surprisingly, instead of finding employment more easily, these young people have found it almost impossible to locate a job they considered suitable. They had little interest or concern in what they could offer to a job, but knew exactly what the job should offer them. Interviewing in personnel agencies and departments developed into a discussion of the phantasy life of these young ladies embarking upon careers. Like all dreams, their images were rather vague, they were never quite positive of what they wanted... but completely positive of what they *didn't* want.

They absolutely, positively did not want to type or to become secretaries — the work sounded too prosaic, not stimulating enough, "not suitable for a college graduate!"

In fact, the idea of being a secretary seems so repellent to the average college graduate in her first encounter with the world, her reaction so strong at the suggestion, that one wonders if this attitude might somehow be tied up with the competitive attitude between men and women, and if the status of "secretary" implies a state of submissiveness to her employer.

The title "secretary" carries little ego-inflation, but call the same

job a "girl Friday" and interest is awakened. They see it as exciting, alive, tempting. Call it an "administrative assistant" and they see themselves in the role of a junior executive—a sort of maker-of-vital-decisions, a solver-of-hourly-crisis, a Very Important Person.

Job-seeking has been difficult in the open job market because the applicants have not been seeking concrete work situations; they have been in search of excitement, adventure and romance. Let's hope that, since the market is shifting, jobs more difficult to obtain, forcing the applicant to become more realistic, the employer doesn't take on the fever of flight from reality. Let's hope that he doesn't start searching for someone who doesn't quite exist, that he doesn't start judging applicants against an ideal that he has conjured up in his own mind.

ADELE LEWIS

### The Seed of Delinquency

UNDERLYING the many causes of delinquency there must be one fundamental explanation. I wonder if it is to be found in diminished acceptance of personal responsibility? It is so easy, in an age of mechanization, with an enormously and rightly expanded system of social services, to forget that if the standards of personal conduct which support our ordered existence are to be maintained it will be because each of us, as an individual, decides to maintain them.

—R. A. Butler, *British Home Secretary*

THE distinction between the British and the American sense of humor is that, whereas we enjoy rendering the real fantastic, they enjoy rendering the fantastic real. Max Beerbohm takes the actual background of Oxford and turns it into the Zuleika fantasy: Walt Disney takes a fairy tale and treats it with such brilliant realism that it seems to become a part of life.

—Harold Nicolson

## BOOK REVIEWS

**William Zietonka, Ph.D.**

*Book Review Editor*

### **The Right of the People**

*William O. Douglas, Doubleday & Co., Inc., New York, 1958.*

JUSTICE DOUGLAS has written a primer on civil liberties, fairly clearly intended for a larger audience than lawyers and legal scholars. It is based upon the North Lectures, delivered at Franklin and Marshall College. He has assembled under chapter headings, which afford a panorama of the state of civil liberties law in the United States, brief descriptions of Supreme Court decisions, most of them bearing relatively recent date. Except for occasional references to the impact such law has had upon the national and international scene, he tells very little about the law in action — whether in the hands of policeman, prosecutor or local official. Nor does he seek to place civil liberties law in the larger frame of a philosophy of freedom. Instead, "The Right of the People" offers an exploration of the legal ideology of freedom, as set forth in Supreme Court opinions and in Justice Douglas' gloss on them.

His title indicates the scope of his purpose — which is to chart "the rights of the people against the state." Conflict is the keynote; intrusions upon privacy by an expanding state the theme. The rights of which he speaks "include the right to speak and write as one chooses, the right to follow the dictates of one's conscience, the right to worship as one desires. They include the right to be let alone in a myriad of ways, including the right to defy government at times and tell it not to intermeddle. These rights of the people also include the right to manage the affairs of the nation — civil and military — and to be free of military domination or direction."

As in most primers, the lessons are drawn in blacks and whites, unmarked by shadings which might permit the uncommitted reader to stake his own claim in an area fraught with controversy. Freedom of speech, press and assembly are described as absolutes which do

not permit of restriction, reasonable or otherwise. Political speech and writing are lumped with speech and writing about sex. Press coverage of criminal trials, and the very real threat to fair trial and to fair-minded fact-finders which it poses, are, to Justice Douglas, almost as inviolate as is press coverage generally. "Guilt by association" is dismissed as a "concept which is foreign to our history." In short, very little attempt is made to balance the substantial interests which compete for primacy in such cases.

Whether or not freedom of the press should be treated as an absolute when it involves reporting of a highly charged criminal trial clearly poses problems significantly different from those posed by "Ulysses" or "Memoirs of Hecate County." Lurid photographs of sex play pose problems different in kind than do photographs illustrating methods of contraception. The problems posed by conspiracy, which has been a threat to liberty since the seventeenth century, cannot be solved simply by describing it as "guilt by association." If the First Amendment prohibits guilt by association (or conviction for conspiracy) in certain classes of cases but not in others, this book tells us little about the distinctions to be drawn. The short of it is that Justice Douglas is no relativist. His is not the style which makes for carefully weighing just how much the interest in having guilt remain "personal in our system" or in free speech or a free press or in freedom from police action or from legislative investigation ought to be weighted on a scale which gives inevitably conflicting interests their due.

There is no question but that Justice Douglas understands the judicial process better than this book would indicate. It is probably because he understands it very well indeed that he is reluctant to concede the obvious fact that no right is absolute in a society as complex as ours. His concern with the cause of freedom is so intense that he apparently fears the extent to which statements of principle in relative, rather than absolute, terms will erode freedom when applied by persons insensitive to the high place it must hold in a democratic society. In this his fear may be well-founded. The nice distinction called for by academic discourse too often lose their edge when transposed to the world of lower court judges, legislators and public officials generally. It is undoubtedly true, for example, that reference to the First Amendment as no more than an "admonition of moderation" (the phrase is that of justice Learned Hand) has

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too little emotive effect to fulfill the essential role the Amendment must play in a society dependent upon freedom of expression to keep open the channels of political and social change.

Justice Douglas' sensitivity to the impact of words and ideas upon men in the workaday world appears to have prevented him from expressing his real feelings about his role and that of the Supreme Court in developing an ideology of freedom. Though the result may be to work a net gain for civil liberties in the marketplace of ideas — which is too rarely frequented by writers possessing the skill and learning of Justice Douglas — those who share his devotion to the great ends to be served must regret that this is by no means the definitive statement of freedom's rationale.

ABRAHAM S. GOLDSTEIN,  
*Associate Professor, Yale Law School*

## On Shame and the Search for Identity

*Helen Merrell Lynd, Harcourt, Brace & Co., New York, 1958.*

THIS book focuses on aspects of personality that are often experienced yet have received little discussion. The author is acutely attuned to personal feelings and describes clearly what has heretofore been largely unsaid. The new perspectives presented and the flow of conceptions make this one of the precious fruits for which we wait long and welcome when it appears. The author has a breadth of interests and depth of understanding which allows her to illustrate her points with many expressive literary excerpts. In her twofold thesis she describes shame, pointing out the distinction and relations between it and guilt, and how awareness of experienced shame is a part of the processes leading to feelings of personal identity. Feelings of shame are developed early in life and are associated with one's self, while guilt she describes as related to moral codes, paying of psychic debts, violating prohibitions. Feelings about a person's own identity refer to a totality, to "I"; guilt is a segment which she shows leads to partial understanding of the personality, missing the larger view. This distinction is vital to further development of psychological treatment methods and to sociological studies. Shame describes the

conditions where there is a questioning and doubting of a basic trust in a person's world. A trust in certain aspects of the world is necessary as a basis for identity. She speaks of identifications with society, in whatever units are meaningful to the person as well as with one's individual being as the basic components of a sense of identity. Shame is the sudden experience of disharmony between ideas of who one is and what one is doing. Threatening as this is, it can be a rewarding, developing experience. It strikes at the central tendency of each person toward excessive pride, hubris, and allows for development of pride coupled with humility.

Though aware of the crucial importance of developmental concepts for understanding shame and identity, she has little to say about this. The concepts she discusses will be clarified and given their foundation when this is obtained.

This book is highly recommended to all who are engaged in the practice, the conceptualizing about psychotherapy, and to those whose interests are in group process and interactions of individuals and society, as well as in themselves.

WILLIAM ZIELONKA

### **Sex Without Guilt**

*Albert Ellis, Lyle Stuart Publisher, New York, 1958.*

DR. ELLIS has made a less than adequate contribution to the continuing study of sexology. While his previous publications have been scientific, this book suffers from a lack of scientific and theoretical substance.

*Sex Without Guilt* was probably written for the general public with an eye toward reaching those who are most concerned about sexuality, either because of their personal needs or from the curiosity which surrounds matters sexual. To this reviewer, this is the most unfortunate aspect of this publication: Dr. Ellis has so much knowledge in this area; it is pitiful that he has bothered to publish so superficial and obviously sensational a piece when his large audience could profit from a more substantial analysis.

This work is a reprinting of a series of articles originally published in *The Independent* in the field of sex, love and marriage and family



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relations. The fifteen chapters discuss masturbation, petting, premarital sexuality, adultery, sex without love, sex fears among Americans, sex censorship, male contributions to female frigidity, male sexual inadequacy, sex education, homosexuality, sexual abnormality, love myths and the right to enjoy sex enjoyment. All of these are written in an authoritarian manner which implies that anyone who might disagree with Ellis (whether because of an appreciation of psychodynamics or for other theoretical reasons) is, obviously, a moralistic prude.

No serious student of human motivation will be comfortable with this kind of superficial toying with what we know are terribly involved and highly controversial facets of unconscious processes. To accept Ellis' thesis would be quite easy: one merely needs to be rational! To explore the dynamics of these difficult matters makes mandatory a personal awareness which we know from his previous works Ellis has achieved but, unfortunately, does not reveal here.

Although this book might, if widely exploited, enjoy a large audience among the seekers of the curious and the sexy, students of sexology and related disciplines are bound to resent its brassy exhibitionism.

HAROLD LINDNER, PH.D.

## Life Plus 99 Years

*Nathan F. Leopold, Doubleday & Co., New York, 1958.*

THIS is an extremely interesting book, but in many ways it is disappointing. One gains the impression that the author, while composing it, had one eye cocked toward the paroling authorities. However, Leopold's amazing degree of egocentricity and his strong exhibitionistic needs rescue the work and keep it from becoming a vapid apologia. Despite his efforts, the real individual is frequently revealed. The author refuses to discuss his early life or the notorious crime itself. This book, as the title suggests, treats chiefly the author's prison experiences and his reactions to them. It also deals rather fully with the trial.

The picture of the author that emerges is in keeping with that portrayed by the psychiatrists at the trial in 1924. His very superior intellectual endowments and his remarkable energy are evident from

his accomplishments while in prison. He organized and conducted an apparently excellent correspondence high school course for fellow inmates, carried out sociological studies which were published in professional journals, became a competent X-Ray technician and an excellent technician in a malaria laboratory.

There is in spots a vivid portrayal of life in a large American penitentiary, with its emphasis on suppression and its reliance on time-worn methods based on fear and deprivation. Doubtless, the strong sado-masochistic component in Leopold's make-up materially helped him in his adjustment to this, at times, barbaric environment.

Richard Loeb, Leopold's codefendant, gets considerable attention in this book. For their first half dozen years in the penitentiary they were kept entirely separate. During the five or six years preceding Loeb's murder, the two men worked together intimately and much of the time occupied the same cell. Despite evidence to the contrary, Leopold insists that his friend's murder was not sexually motivated. The data on Loeb's acute psychosis in prison, said to have followed a severe case of measles, is unfortunately scanty.

Although Leopold discusses many phases of prison life, he does not touch on any phases of the sexual adjustment. From what has been generally believed about the sexual maladjustment of the author, the complete omission of this topic seems meaningful.

Leopold insists that he felt no remorse whatever over the murder of the Frank child until he had been in the penitentiary for some years. He accounts this lag to a delay in emotional maturation, which he feels is the basis of much criminal behavior.

He is rather scathing in his criticism of Meyer Levin's best seller "Compulsion," asserting that 60% of it is fictional.

Despite the fact that the author's parole was a humane and justifiable act, one gains the feeling from reading "Life Plus 99 Years" that the author is still largely unregenerated. He still sees Richard Loeb as the ideal human, granting that he had perhaps a few unimportant faults. Moreover, Leopold's complete identification with his fellow criminals is amazing. To him there is only one great wrong — aiding the authorities in any way whatever in their struggle with convicts. Informing appears to him as the most heinous offense.

For those interested in criminal psychiatry this book is well worth the reading.

MANFRED S. GUTTMACHER, M.D.

## Book Reviews

### The Fall

### Exile and the Kingdom

*Albert Camus, Alfred A. Knopf, New York, 1958.*

ALBERT CAMUS received the Nobel Prize for Literature in 1957. His latest two works of fiction, *The Fall* and *Exile and the Kingdom*, invite our thoughtful attention to him as novelist, philosopher-artist and psychologist. As a writer he is a leading portrayer of his generation's human condition, most often seen internal to the individual. As a philosopher he gives a powerfully humanistic answer to the problem of values, in a world in which ideas command the absolute obedience of millions, to the point of murder of other millions, a world in which for the first time the possibility of total destruction exists, and in which in any event individual life is certain to end in death.

But Camus calls forth our present attention in his role as psychologist, especially by his concentrated examination of two related and basically psychological phenomena, contemporary conscience and the modern trend toward isolation of the individual. In *The Fall* it is mainly the operations of conscience which preoccupy the novelist, particularly in relation to a seemingly splendid, enviable isolation. He pictures a cultured, intelligent, energetic Parisian attorney, a pleader of the causes of orphans and widows in his professional life, a center of admiring attention in his social life and a successful consumer of sensual and emotional experience in his private life. Supremely self-concerned and yet daily occupied with concern for others, he is in short "a hero of our time." Being a product of scientific modernity and acknowledging no God, God cannot judge him. And his self-sufficiency insures that no human can judge him.

The novel is in the form of a confession by the lawyer, a monologue directed at a stranger in a bar and also at the conscience of the reader. The lawyer reveals having experienced a moment in which the issue of self in relation to another was clearly drawn and in which

by his commitment to self he failed the other and thereby himself. Camus brilliantly delineates a succession of defensive maneuvers, including attractively lucid rationalizations, a squirming flight into the physical and denial through a profound disbelief in the seriousness of human affairs. But the lawyer cannot escape his own growing awareness of moral failure. What to do with his guilt? He arrives at a solution by logic, by following in reverse the absurd logic whereby a man who is a law unto himself yet can be judged. His answer is to become a "judge-penitent," one who confesses to others, and while thus seducing them into making confessions in return, gains the right to judge them. Then all are judged and leveled, and he does not have to bear his guilt alone.

*Exile and the Kingdom* is a collection of six short stories having separation as their central theme, separation from others, from nature, from parts of the self. Two stories will serve as illustration. "The Adulterous Woman" tells of the childless wife of a French draper accompanying the latter on a selling trip in Algeria. She contrasts her barren heaviness, and her imprisoning need of his need for her, with the Arab's lithe liberty and close fit to the desert. Her act of adultery is a sudden giving herself to the desert night, an orgasmic union which leaves her weeping and still desperately exiled.

"The Renegade" is a priest in training, wholly motivated by the idea of dominating others through his ferocious endurance of their offenses against him, all in the name of love. He seeks out the most cruelly barbarous of peoples and submits to their torture. In the process he grows to worship their idol of hate, leading to his betraying his faith and killing a countryman, now all in the name of hate. Camus suggests that the treason was implicit in the original monolithic devotion. The story is an intense and yet not unsympathetic denouncement of those who place ideas ahead of human beings, and of those who impose their justice indiscriminately.

In his speech of acceptance of the Nobel Prize, Camus said: "True artists scorn nothing. They force themselves to understand instead of judging". This is similar to the credo of the scientist and indeed strikingly similar to the attitude of the psychotherapist. These comparisons help illuminate the gnawing sense of lack one has in reading these two books. Constructed with a keen intelligence, cleverly written, and conveying the compassion of an essentially moral man, nevertheless they fail to convince one completely of the humanness

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of the characters and therefore of the conflict which Camus places inside them. The stories are case histories, not like those of the psychiatrist but case histories nonetheless. They are cases in point, to illustrate concepts, in accordance with Camus' announced method of following out to their logical conclusions ideas he picks up in the street. In constructing people who are so much the vehicle of ideas, Camus comes dangerously close to what he has denounced in others.

Besides this cerebral approach, Camus' similarity to the scientist is seen in his interest in the social genesis of his characters. Implicit in almost all of his writing is the assumption that modern man is what he is because he is a product of powerful, historically determined social forces. His creations give the impression of a thin contemporary raft afloat on the sea of history. While valid enough, this emphasis in Camus seems to displace totally what is equally valid and what is emphasized by psychotherapists, who are the modern prototype of those who seek to understand rather than to judge. They are interested primarily in individual genesis, in the particular conditions of physical structure and familial life, of transformation and transference, which help explain a present conflict in a specific personality. But the attorney in *The Fall*, symbol that he is, seems to have been fathered by Nineteenth Century materialism and mothered by Twentieth Century urban anonymity. To the question of where to find values when neither external nor superhuman imposition of values is acceptable, Camus answers by pointing within the self, to the individual conscience. How it got there and why it responds only in relation to other people remains unclarified—perhaps not understood. Yet given the fact of individual conscience, Camus suspensefully and graphically describes its workings and conveys a sense of psychological truth.

Perhaps this impression of a lack of reality in the development of his characters stems partly from Camus' accentuation of individual solitariness. He does imply that the simple ones, the laborers and the pagans, are not exiled; the more complex and acculturated the individual, the more separate he is. Of course in the last analysis even the simple ones are isolated—from their own potential for intellectual pleasure, if nothing else. But the major trend is clear and has been an area of concern for psychologists for years. Freud's *Civilization and Its Discontents* is an example in point. Camus insists that the issue must be left in doubt, as in his amusing fable, *The Artist at Work*,

wherein a naturally well-endowed and ingenuous painter is driven from his work and art by the host of friends his success brings. His final effort is reduced to the painting of a single most important word on canvas, but whether this is "solitary" or "solidary" cannot be decided.

This deliberate ambiguity is in line with Camus' expressed belief that there are no perfect solutions. It rebukes those of us who universally prescribe group experience for all psychological ills.

Camus' integrity, clarity, wit and inventiveness almost completely compensate for his slight deficiency in what he has set out to do, to understand rather than judge.

SAUL MARSHALL SIEGEL, M.D., PH.D.

### **Sins of Their Fathers**

*Marjorie Rittwagen, M.D., Houghton Mifflin Company, Boston, 1958.*

DR. RITTWAGEN's volume is primarily directed to the educated lay public, and seems to be intended as a powerful appeal for support in meeting the problems of delinquency constructively. It pictures the heroic struggle of a staff psychiatrist in one of the children's courts of New York. The delinquents she has seen are described by her as "the product . . . of their genetic inheritance, their parents' influence, their neighborhood, their schools, their church, their time." She describes the frustrations of those who wish to help but can do little because of heavy case loads, of harassed working conditions, of depleted probation staffs, of scarcity in residential facilities and of a general discouragement.

The book is a powerful document of a serious lack in our social structure, a serious challenge to all of us—either in terms of professional or social responsibility. While an attempt is made to study seriously the roots of delinquency and of crime, the agony of helplessness has made this book an attack which brings us to look at delinquency in terms of blaming rather than in terms of cause. Delinquency is traced to the "sins of their fathers." Dr. Rittwagen

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says: "Many of the fathers I have seen are weak, alcoholic, devoid of self-control, uninterested, or extremely punitive. Many of these punitive, rigid, immature fathers demand exclusive attention to their own needs. Often, with harsh memories of their own fathers, they can experience neither warmth nor interest in their own unwanted children. Reluctantly, they support their sons and beat them when they misbehave, and that's it. It is this relationship between father and son that determines in large part the boy's attitude toward all other authority figures." Elsewhere she states: "This hatred for the father is a rather fearful thing. Often it extends to all authority figures. It has been truly said that 'a cop hater is really a father hater'. Said one 15-year-old, 'I don't know where my old man is. But if I ever meet up with him and find him living cushy, I'll beat the be-Jesus out of him.'"

During the last world war, a psychiatrist, examining the causes thought responsible for the large number of rejectees, and the large number of breakdowns, traced this back to "momism" and blamed the mothers for the ineffectiveness of the sons. Whenever a single cause is seen and is understood as "sin," we will perhaps succeed in arousing the public conscience and in mobilizing social forces, but we will hardly contribute to a deeper understanding of delinquency.

But this, after all, was not Dr. Rittwagen's goal. Her goal was to gain much needed public support for the problem. Thus she states: "We can do it. Even without the findings still to come from medical research, we have enough practical know-how to help the great majority of families coming to us. As Herman Rikelman, director of community and personal services of the Jewish Board of Guardians, said: 'We know enough about the causes of anti-social behavior to cut it to one-fourth of its present dimensions without new panaceas or atomic discoveries in psychology. *It is still a matter of dollars and cents.*'"

Dr. Rittwagen successfully demonstrates that we have not done enough and that we are "sinners." Perhaps she tells us that as soon as we will stop "sinning" we will be ready to search for answers. Her book deserves widespread distribution, and one may only hope that it will contribute toward a process which will solve the moral issue and thus set energies free to meet the scientific and technical questions of delinquency.

RUDOLF EKSTEIN, Ph.D.



***The Nature of Conflict***

*International Sociological Association in collaboration with Jessie Bernard, T. H. Pear, Raymond Aron, Robert C. Angell, UNESCO, 1957.*

THE four papers presented in *The Nature of Conflict* were stimulated by the tensions project adapted by the general conference of UNESCO. The aim of the tensions project is the development and support of studies concerned with the prevention or control of tensions that are harmful to peace.

The first two papers present a discussion and review of the major work in the areas of conflict and tension. The first presentation is from the sociological and the second from the psychological viewpoint. A third paper presents the approach of historical sociology to the problem of conflict in war. Each writer is fiercely partisan in defense of his own conceptual approach.

Dr. Bernard in the sociological study of conflict finds the psychological concept of tension and tension reduction adequate for explaining aggression between individuals, but not for explaining conflict between groups. He states that group conflict is not the addition of thousands of individual intra-individual tensions. "Conflict", he states, "is due to a clash of groups having mutually incompatible values; an understanding of the willingness of groups to engage in conflict" requires "an understanding of the cost involved in conflict and of the theories of strategy that can be applied to reduce these costs." Dr. Bernard favors a mathematical approach to conflict. He refers to the work of Oscar Morganstern on the theory of games of strategy. The fruitfulness of this approach lies in its ability to determine the most effective strategy for each side. That is the strategy that will minimize the costs of conflict to both the victor and the vanquished.

Professor Pear, however, believes that war is declared and fought by individuals. Peace and international unity are products of the actions of individuals. He does not deny economic and political influences in international tensions. He states that these influences are a factor only because they are channeled by the needs, perceptions and attitudes of the individual: He cites as a major illustration of the usefulness of



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the concept of tensions a summary of Gardner Murphy's *In The Minds of Men: The Study of Human Behavior and Social Tensions in India*. The study represents the conflicts of life in India as determined by the emotions and attitudes of the Indian people.

Professor Aron stresses, as does his fellow sociologist, that social pathology is not to be defined in terms of intra-individual pathology. We must not assume, he warns, if we wish to discover tensions which lead to war, that wars begin in the minds of men, or that war is simply a species of tension and conflict. We must rather study this specific phenomenon of war as it is known in modern societies and as history has illustrated it. Professor Aron then suggests a comparative historical study of the causes leading to war. He asserts it is the dream of the historian to be able to compare modern times with periods of similar tension. He sums up his point of view by saying, "As all civilizations known to us have had wars, the latter seem to be connected with certain characteristics not necessarily of human nature but of the nature of communities." Historical comparisons, therefore, between communities engaged in war or engaged in activities preceding war may provide suggestions for dealing with some of these aspects of the situation they are concerned with.

The final paper is a discussion on the problem of discovering paths to peace. Peace is not the absence of war. Rather, Dr. Angell believes, peace can exist only through a social system that permits the accommodation of the mutually incompatible interests of its members. He outlines several research possibilities in this area.

ALVIN WINDER, PH.D.

Clinical Psychologist, Springfield, Mass.

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The less a man clogs the free play of his mind with political doctrine and dogma, the better for his thinking. —Sir Lewis Namier

# WORLD OF SOCIAL THERAPY

*A miscellany of ideas, observations, comment and other signals of progress in the purview of the social sciences.*

**Abnormality**—A massive study of the problems of birth abnormalities has been launched by Dr. Richard L. Maslund, director of the National Institute of Neurological Diseases and Blindness, Bethesda, Md. Pre-natal and follow-up examination of 40,000 mothers and their offspring will be undertaken at fifteen research centers.

**Arthritis**—Evidence that mental disturbances in patients with rheumatoid arthritis, chronic ulcerative colitis and systemic lupus erythematosus are caused by a chemical defect in the central nervous system has been reported by Dr. Arthur L. Scherbel of the Cleveland Clinic. He views the chemical defect as part of the disease process.

**Atomic Problems**—A study of the psychiatric implications of the nuclear age, made for the World Health Organization by specialists from six countries, points to the possibility of mental health problems worthy of further research. The experts cautioned that a tendency to aggrandize nuclear energy as a symbol of salvation posed the danger of a hostility-breeding let-down if the indicated boons should fall short of expectations. They also observed that rapid changes in social patterns could generate new tensions, as from dread of unemployment or the complications of unaccustomed leisure. Irrational fear of atomic injury to unborn generations and of contamination from atomic accidents also were cited as areas of concern.

**Birth Defects**—Maternal stress during pregnancy probably cause more birth defects, such as cleft lip or palate, than heredity, according to Dr. Lyndon A. Peer of St. Barnabas Rehabilitation Center, Newark, N. J. Among such stresses he cited insufficient oxygen, exposure to X-ray, vitamin deficiency, virus infection and overproduction of cortisone.

**Daydreaming**—The functional role of fantasy in personality organization is the subject of a study under way at Teachers College, Columbia University, under a grant from the National Institute of Mental Health.

**Demograph**—United States population in 1975 will be between 215,000,000 and 243,000,000, the Census Bureau forecasts. It is now about 175,000,000.

Growth has been faster than was expected two years ago and estimates have been revised upward. The greatest growth is indicated among young adults and old people.

**Elite**—To carry out the dual mandate of quality and quantity in education, colleges must resist pressures for the creation of an élite class in society for the sake of low taxes, Dr. Virgil M. Hancher, president of the State University of Iowa, has warned the American Council on Education. Availability of education without burden regardless of family means must continue to serve the purpose of providing not only the top but also intermediate leaders of political, social and economic life, he asserted.

**G. P.'s**—If family doctors were better grounded in psychiatry, admissions to mental hospitals might be reduced by a third, in the view of Dr. Charles E. Goshen, director of the American Psychiatric Association's General Practitioner Education Project. He estimates that 95% of state hospital commitments are made by general practitioners and suggests that half of the nation's 10,600 psychiatrists "are largely wasting their time providing unrewarding custodial care for state hospital patients."

**Gradual Release**—Experiments in releasing long-term penitentiary prisoners for week-ends and for part-time jobs are regarded with increasing favor after trials in Canada, Britain and elsewhere. The object is to reward good behavior, test reliability and accustom inmates by degrees with their impending freedom. The idea is incorporated in a penal reform program recently presented to the British Parliament.

**I. J. D.**—The initials stand for Incipient Juvenile Delinquency, the name given to a plan for preventing youthful crime, proposed by General Sessions Judge Irwin D. Davidson of New York. Based on his experience in presiding at the trial of seven teen-agers charged with murdering a 15-year-old polio victim, the plan's main recommendation is that effort be concentrated on the 16-to-18 age group, especially those who are neglected, are in trouble and are on the verge of becoming offenders.

**Law and Psychiatry**—Dr. Lawrence S. Kubie proposed at a seminar on the subject presented by the New York County Lawyers Association that a foundation be established in which lawyers and psychiatrists would cooperate on long-range programs of research into unsolved problems of human behavior and motives, with the principal aim of improving court procedures in these fields.

**Mobility**—One in every five Americans moved from one home to another last year, according to the Census Bureau. The rate has remained about the same for the last ten years. It is highest in the West, where about 26% of the population moved.

**New Men**—Today's college student differs markedly and for the better from the Joe College type of yesteryear, the Commission on the College Student of the American Council on Education has found in a study of campus trends. The prevailing prototype is portrayed as more mature and serious of purpose, an abler, individualistic seeker after independence rather than conformity. He is earnestly intent on preparing for a career, is likely to be working his way through and is more interested in a concert or exploring religious ideas than in campus traditions, activities or fraternities.

**Post-Mortem**—The latest of many speculative diagnoses of the somatic basis for Joan of Arc's hallucinations is that she had a tubercular brain abscess. Prof. John Butterfield, a British physician, reports from recorded evidence that her symptoms were typical of that disease.

**Psychotic Chemistry**—Injections of blood plasma obtained from psychotic patients sharply altered the behavior of rats in experiments at the Merck Institute for Therapeutic Research, West Point, Pa. Dr. Charles A. Winter and Lars Flataker reported that the rats' performance was distinctly different from that of others inoculated with the blood of non-psychotic patients.

**Retarded**—Early education and positive environmental changes can accelerate the mental and social development of retarded children, Prof. Samuel A. Kirk, director of the University of Illinois Institute for Research on Exceptional Children, asserts on the basis of a five-year experiment with eighty-one retarded children of pre-school age.

**Social Drinking**—The Joint Commission on Alcoholism of the Protestant Episcopal Church, in a printed report, has asserted that social drinking, with moderation and with due regard for the feelings of others, is compatible with Christian theology.

**Swearing Off**—Of 333 men who gave up smoking, only 6.3% did so from fear of lung cancer, Dr. E. Cuyler Hammond of the American Cancer Society found in a survey. The commonest reason given by the abstainers was that they thought smoking aggravated some condition, such as a cough, sore throat, shortness of breath or poor appetite.

**Working Women**—With 22,000,000 women in jobs and their ranks growing rapidly, wives' identity as wage-earners is exerting a profound effect on the American way of life and on men, Bertha S. Adkins, Under Secretary of Health, Education and Welfare, believes. Increasing acceptance of women as workers on the basis of qualification, she suggests, is altering the pattern of children's home life and persuading men to share in the housekeeping role.

## AMONG THE AUTHORS

OSCAR B. MARKEY, M.D., besides being chief of psychiatry at Mount Sinai Hospital, Cleveland, is consulting psychiatrist for the Cuyahoga County Juvenile Court and for the Boards of Education in Cleveland and Shaker Heights, Ohio, and civilian consultant to the Surgeon General of the Army. He took his academic and medical degrees at the University of Pittsburgh and has been resident in pediatrics at the Children's Memorial Hospital, Chicago, fellow in psychiatry of the National Committee for Mental Hygiene, a lieutenant colonel and neuropsychiatric consultant to the Tenth Army during the war and Associate Professor of Mental Hygiene at Western Reserve University. He is a fellow of the American Psychiatric Association, a member of the American Orthopsychiatric Association and the American Academy of Pediatrics and a founding member of the American Academy of Child Psychiatry.

P. G. THOMSON, M.B., was associated with Dr. Kenneth G. Gray in founding the Forensic Clinic at the Toronto Psychiatric Hospital and was its director until late this year. After qualifying as a physician in England in 1945, he served in the R.A.F. and went to Canada to study internal medicine. He then entered psychiatric training at the University of Toronto, serving with the Ontario Mental Health Division. He is now in private practice, devoting part of his time to the Forensic Clinic.

WILLIAM H. HAINES, M.D., director of the Behavior Clinic of the Criminal Court of Cook County, Chicago, needs no introduction to *Journal* readers as an interpreter of and commentator upon pathological phenomena in the crime world. Born in Duluth, he received his academic and medical degrees at the University of Minnesota. After varied institutional experience, he became fellow and first assistant in neurology at the Mayo Clinic in 1936. He has been a faculty member in neurology and psychiatry at Rush Medical College, the University of Illinois and DePaul University and a staff member at several hospitals in Chicago and elsewhere. Among his many national and regional posts, he is a past president of the Medical Correctional Association and of the Illinois Psychiatric Society and psychiatric consultant to the Illinois Department of Public Welfare.

ARTHUR V. HUFFMAN, supervising sociologist of the Department of Public Safety, Joliet, Ill., has worked in close association with Dr. Haines in recording and analyzing the socio-psychiatric significance of types and trends found in the Illinois penal system.

ERNEST HARMS, Ph.D., editor of the journal *The Nervous Child*, the *Child Psychiatry Journal* and a handbook on child guidance, has been director of child guidance clinics in New York for the last ten years. Former director of the Internationale Voelkerpsychologische Institut, he teaches at the New School of Social Research and has conducted comprehensive research in social and abnormal psychology, part of it for the Government. An early student of psychiatry, he has been associated during his long international career with Freud, Janet, McDougall, Morton Prince, Adolf Meyer, Adler, Smith Ely Jelliffe and Ira S. Wile. He received his Ph.D. in psychology from Wuerzburg University in 1919.

HERBERT H. MYERS, M.D., as clinical psychiatrist in the Mental Hygiene Services of the State of Rhode Island, is helping to give a new meaning to penological practice by applying progressive psychiatric techniques to the clarification of individual prison inmates' problems. A native of Germany, he received his degrees at the University of Berlin and his post-graduate training in Illinois and the state hospitals of Massachusetts. He practiced in Shanghai, China, before taking his present post in 1955.

ROBERT J. BLACK and JOHN E. McMULLEN are associated with Dr. Myers in his program of rehabilitating prisoners through group psychotherapy and other means of helping them uncover their constructive potentialities.

DAVID A. STEWART, Ph.D., is supervisor of group services of the International Institute of Metropolitan Toronto and consultant to the Brookside and other clinics for alcoholics. A native of New Brunswick, he went from Dalhousie University, Halifax, to the University of Toronto, where he won his Ph.D. in philosophy. His varied experience and training have included wartime service in the R.C.A.F., graduate work in Germany and Scotland, teaching and counseling in Canadian universities and particularly assistance to alcoholics and drug addicts. He is a diplomate in professional psychology.

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